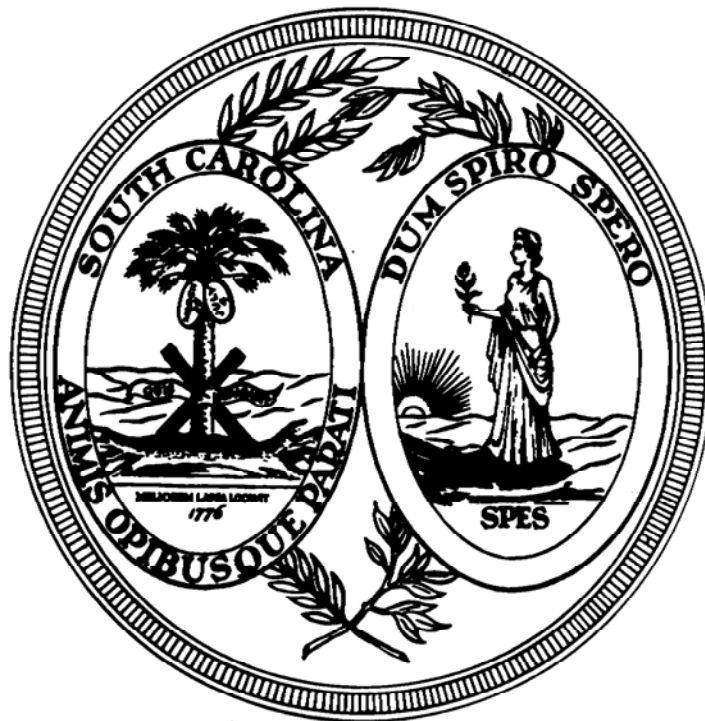




Regulation Number 61-78 Standards for Licensing Hospices



Promulgated by the Board of Health and Environmental Control

Administered by the Division of Health Licensing

Including Changes

Published in the *State Register*, Volume 26, Issue 5, May 24, 2002

This is a courtesy copy of Regulation R61-78

The official document is on record in the *State Register* and the S.C. Code Ann. (2002). This regulation is provided by DHEC for the convenience of the public. Every effort has been made to ensure its accuracy; however, it is not the official text. DHEC reserves the right to withdraw or correct this text if deviations from the official text as published in the *State Register* are found.

**STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
EMERGENCY ORDER**

WHEREAS, hospitals, nursing homes, and other residential care facilities subject to regulation pursuant to SC Code Ann. §44-7-20 *et seq.* and regulations promulgated pursuant thereto are required to prepare and maintain Emergency Evacuation Plans; and

WHEREAS healthcare facility plans must make adequate provisions for:

- (1) Coordinating with sheltering facilities that will receive patients from evacuation areas, so that sheltering facilities named in evacuation plans are aware of that designation and prepared to receive additional patients;
- (2) Demonstrating the capability for transporting residents and patients to sheltering facilities;
- (3) Planning for relocating staff or providing staff at the sheltering facilities;

WHEREAS there is a substantial potential that one or more hurricanes will threaten the South Carolina coast during a hurricane season; and

WHEREAS the identified deficiencies in facility evacuation plans must be corrected promptly;

NOW THEREFORE,

IT IS ORDERED, pursuant to SC Code Ann. §44-1-140 that, in addition to the requirements of Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 207; Regulation 61-17, Standards for Licensing Nursing homes, Section B.8.; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1401; Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(8); and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section J.6.a.; Regulation 61-78, Standards for Licensing Hospices, Section 1701; and Regulation 61-93, Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, Section 1502, each facility subject to one or more of the foregoing regulations shall prepare an Emergency Evacuation Plan that conforms to the following requirements:

- (1) (a) A Sheltering Plan for an alternate location to house patients or residents. This Plan shall include: full provision for at least the number of licensed resident or patients beds at that facility; the name, address and phone number of the Sheltering Facility (or Facilities) to which the patients or residents will be relocated during an emergency; a Letter of Agreement signed by an authorized representative of each Sheltering Facility which must include: the number of relocated patients or residents that can be accommodated; sleeping, feeding and medication plans for the relocated patients or residents; and provisions for accommodating relocated staff. The Letter of Agreement must be updated annually and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper and Georgetown Counties, at least one Sheltering Facility must be located in a county other than the six named counties.

(b) In the event a hospital or nursing home is located in an area subject to an order of evacuation and current data from the Army Corps of Engineers indicates the facility will not be affected by the storm surge, the following information must be current and on file with the Department before the facility can be considered for exemption from the mandatory evacuation order:

- (i) A **Critical Data Sheet** must be complete and on file with the Department of Health and Environmental Control which certifies the following:
 - Emergency power supply is available for a minimum of 72 hours;
 - A 72 hour medical supply is available on site;
 - A 72 hour supply of food and water is on site.

The **Critical Data Sheet** website for entering information is located at <http://scangis.dhec.sc.gov/cdatasheet/login.aspx>


- (ii) Adequate staff must be available and on duty to provide continual care for the residents
 - (iii) An engineer's report concerning the wind load the facility should withstand must be on file with the Department;
 - (iv) The facility must request an exemption from the evacuation order from DHEC's Health Licensing Division.
- (2) A Transportation Plan for relocating the patients or residents. The Transportation Plan must include the number and type of vehicles required; how and when they will be obtained; who (by name or organization) will provide drivers; procedures for providing medical support and medications during relocation; the estimated time to accomplish the relocation; and the primary and secondary route to be taken to the sheltering Facility.
- (3) A Staffing Plan for the relocated patients or residents. The Staffing Plan must outline in detail how care will be provided to the relocated patients or residents, including the number and type of staff. If staffing will be provided by the Sheltering Facility, the Staffing Plan must be co-signed by an authorized representative of the Sheltering Facility. If staffing will be provided by the relocating facility, plans for relocating staff or assuring transportation to the Sheltering Facility (Facilities) must be provided.

IT IS FURTHER ORDERED that each facility shall communicate and coordinate with local Emergency Preparedness Divisions in the development and implementation of the Emergency Evacuation Plans.

IT IS FURTHER ORDERED each facility shall certify to DHEC no later than June 1 of each year that the Emergency Evacuation Plan contains a Sheltering Plan, Transportation Plan, and Staffing Plan complying with the terms of this Order, and shall submit to DHEC the name(s) of the Sheltering Facility (Facilities). A copy of this Order shall be provided to each facility.

AND IT IS SO ORDERED.

8-30-04
Date


C. Earl Hunter
Commissioner



DIVISION OF HEALTH LICENSING REGULATIONS

Provider-Wide Exceptions

In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators. This section may also contain Position Statements that give guidance or interpretations of the regulation.

Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.



2600 Bull Street
Columbia, SC 29201-1708

July 1, 2004

MEMORANDUM

TO: Administrators, Hospice Facilities

FROM: Dennis Gibbs, Director
Division of Health Licensing

*Randy Clark
for Dennis Gibbs*

SUBJECT: Provider-Wide Exception – One-hour fire-resistive construction and 20-minute fire-rated doors

Section 2909.I. of Regulation 61-78, Standards for Licensing Hospices, requires that "...Except for facilities with five beds or less, each patient room is considered a tenant space and shall be enclosed by one-hour fire-resistive construction with a 20-minute fire-rated door, opening onto an exit access corridor."

In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients of hospice facilities, it has been determined that an alternative standard that meets the applicable International Building Code (IBC) and the National Fire Prevention Association (NFPA) Code standards will be considered as acceptable.

All hospice facilities will be required to meet the standard outlined in the licensing standards, i.e., R61-78, Section 2909.I., that require one-hour fire-resistive enclosures with a 20-minute fire-rated door, or, as an alternative in hospice facilities:

"In fully sprinklered facilities, and in accordance with NFPA 13 and the IBC, one-hour fire-resistive separation construction and 20-minute fire-rated doors that open onto an exit access corridor are not required; solid core doors to patient rooms and non-rated corridor and room walls will be acceptable."

This exception applies to any fully sprinklered hospice facility licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions regarding the above, please call Frank Montgomery at 803) 545-4216.

DLG/reI

cc: Leon Frishman
Alice Truluck
Kevin Ridenour
Frank Montgomery
Rob Lawyer
Randy Clark

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Promoting and protecting the health of the public and the environment.

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Coleman F. Buckhouse, MD

September 22, 2005

MEMORANDUM

TO: Administrators of Hospitals, Nursing Homes, Intermediate Care Facilities,
Hospice Inpatient Facilities

FROM: Dennis L. Gibbs, Director
Division of Health Licensing

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-16, Minimum Standards for Licensing Hospitals and Institutional General Infirmaries, Section 504.; Regulation 61-17, Standards for Licensing Nursing Homes, Section D.(6)(b); Regulation 61-13, Habilitation Centers For The Mentally Retarded or Persons With Related Conditions, Section D.(6)(b); Regulation 61-78, Standards for Licensing Hospices, Section 2406.B.

Regulation 61-16, Section 504. requires that, "Hospitals shall provide oxygen for the treatment of patients. When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously and cylinders shall be properly secured in place." Regulation 61-17, Section D.(6)(b) requires that, "When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. All cylinders shall be secured." Regulation 61-13, Section D.(6)(b) requires that, "When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. Cylinders shall be secured." Regulation 61-78, Section 2406.B. requires that, "Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place."

Smoking in healthcare facilities may result in fires and the adoption and enforcement of appropriate smoking policies is essential for effective fire prevention. Many licensed facilities have established "No Smoking" policies and procedures that is an important step in improving the level of fire safety in healthcare facilities. The National Fire Protection Association (NFPA) 99, Standard for Healthcare Facilities, 2002 edition, Section 9.6.3.2.2 states, "In health care facilities where smoking is prohibited and signs are (strategically) placed at all major entrances, secondary signs with no-smoking language shall not be required." Additionally, Section 9.6.3.2.3 states, "The nonsmoking policies shall be strictly enforced."

September 22, 2005

Conditions Allowing a Provider-wide Exception

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients, residents, or clients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable. All hospitals, nursing homes, intermediate care facilities, and hospice inpatient facilities will be required to meet the standard outlined in each facility's respective licensing standard, *i.e.*, Regulation 61-16, Section 504; Regulation 61-17, Section D.(6)(b); Regulation 61-13, Section D.(6)(b); Regulation 61-78, Section 2406.B., or, as an alternative:

Only in "Smoke-Free" facilities, "No Smoking" signs shall not be required in and in the vicinity of patient, resident, or client bedrooms where oxygen is being administered provided all 3 of the following conditions are met:

1. Smoking is prohibited; and
2. The facility nonsmoking policy is strictly enforced; and
3. "Smoke-Free" signs are strategically placed at all major entrances.

"No Smoking" signs will still be required in and in the vicinity of patient, resident, or client bedrooms where oxygen is being **stored, as well as all other required areas of the facility.**

These exceptions apply to any hospital, nursing home, intermediate care facilities, or hospice inpatient facility licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to these exceptions may result in revocation of these exceptions by the Department.

If there are questions, please call 803-545-4370.

DLG/REL/jml

cc: Bureau of Certification
Fire and Life Safety Program
Division of Certification of Need

REGULATION 61-78 - STANDARDS FOR LICENSING HOSPICES

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REGULATION 61-78, STANDARDS FOR LICENSING HOSPICES

Statutory Authority: 44-71-10, *et seq.*

PART I - APPLICABLE TO HOSPICE PROGRAMS AND FACILITIES

SECTION 100 - DEFINITIONS AND LICENSE REQUIREMENTS

101. Definitions

For the purpose of these standards, the following definitions shall apply:

A. Administering Medication. The direct application of a single dose of a medication to the body of a patient by injection, ingestion, or any other means.

B. Administrator/Director. The individual designated by the governing body to be responsible for the day-to-day management of the hospice.

C. Advanced Practice Registered Nurse. An individual who has Official Recognition as such by the S.C. Board of Nursing.

D. Architect. An individual currently registered as such by the S.C. State Board of Architectural Examiners.

E. Attending Physician. The physician who is identified by the patient as having the most significant role in the determination and delivery of medical care to the patient.

F. Authorized Healthcare Provider. An individual authorized by law and currently licensed in S.C. to provide specific care, treatments, or services to patients. Examples of individuals who may be authorized by law to provide the aforementioned care/treatment/services may include, but are not limited to, advanced practice registered nurses, and physician's assistants.

G. Consultation. A visit to a licensed hospice by individuals authorized by the Department to provide information to enable/encourage better compliance with the regulations.

H. Controlled Substance. A medication or other substance included in Schedule I, II, II, IV, and V of the Federal Controlled Substances Act and the S.C. Controlled Substances Act.

I. Counseling Services. Counseling includes bereavement counseling, as well as dietary, spiritual, and any other counseling services provided to the individual and family or responsible party.

J. Department. The S.C. Department of Health and Environmental Control (DHEC).

K. Dietitian. A person who is registered by the Commission on Dietetic Registration.

L. Direct Care Staff Member/Direct Care Volunteer. Those individuals who provide care to patients within the parameters of their training and/or as determined by state law/statute.

M. Facility. Any entity licensed by the Department.

N. Health Assessment. An evaluation of the health status of a staff member/volunteer by a physician, other authorized healthcare provider, or registered nurse, pursuant to written standing orders and/or protocol approved by a physician's signature. The standing orders/protocol shall be reviewed annually by the physician, with a copy maintained at the hospice.

O. Home Health Aide/Homemaker. An individual supervised by a registered nurse who renders assistance with personal care to patients needing assistance with activities of daily living, and who meets minimum qualifications and training as set by the hospice.

P. Hospice. A centrally administered, interdisciplinary healthcare program, which provides a continuum of medically supervised palliative and supportive care for the terminally ill patient and the family or responsible party, including but not limited to home, outpatient and inpatient services provided directly or through written agreement. Inpatient services include, but are not limited to, services provided by a hospice in a licensed hospice facility.

Q. Hospice Facility. An institution, place, or building licensed by the Department to provide room, board, and appropriate hospice care on a 24-hour basis to individuals requiring such care pursuant to the orders of a physician.

R. Hospice Program. An entity licensed by the Department which provides appropriate hospice care to individuals as defined in Section 101.P above, exclusive of the services provided by a hospice facility.

S. Inpatient Facility. An institution, place, or building licensed by the Department to provide room, board, and appropriate care/treatment/services particular to the type of license issued, e.g., community residential care facility, nursing home, hospital or general infirmary, or hospice facility, on a 24-hour basis to individuals requiring such care/treatment/services pursuant to the orders of a physician.

T. Inspection. A visit by individuals authorized by the Department to an unlicensed or licensed hospice for the purpose of determining compliance with this regulation.

U. Interdisciplinary Team/Group. A group designated by the hospice to provide or supervise care/treatment/services provided by the hospice. The group must include at least the following individuals: a physician, a registered nurse, a social worker, and a pastoral or other counselor.

V. Investigation. A visit by individuals authorized by the Department to an unlicensed or licensed hospice for the purpose of determining the validity of allegations received by the Department.

W. Legend Drug.

1. A drug when, under federal law, is required, prior to being dispensed or delivered, to be labeled with any of the following statements:

“Caution: Federal law prohibits dispensing without prescription”;

“Rx only” or;

2. A drug which is required by any applicable federal or state law to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only;

3. Any drug products considered to be a public health threat, after notice and public hearing as designated by the SC Board of Pharmacy; or

4. Any prescribed compounded prescription is a legend drug within the meaning of the Pharmacy Act.

X. License. A certificate issued by the Department to a hospice to provide hospice care/treatment/services.

Y. Licensee. The individual, corporation or public entity who has received a license from the Department to provide hospice care/treatment/services or operate a hospice facility and with whom rests the ultimate responsibility for maintaining approved standards for the hospice.

Z. Licensed Nurse. A person to whom the S.C. Board of Nursing has issued a license as a registered nurse or licensed practical nurse.

AA. Medication. A substance that has therapeutic effects, including, but not limited to, legend, nonlegend, herbal products, over-the counter, nonprescription, vitamins, and nutritional supplements, etc.

BB. Minor. A person 17 years of age or younger who has not been emancipated in accordance with state law.

CC. Nonlegend Medication. A medication which may be sold without a prescription and which is labeled for use by the consumer in accordance with the requirements of the laws of this State and the federal government.

DD. Occupational Therapist. A person currently licensed as such by the S.C. Board of Occupational Therapy Examiners.

EE. Palliative Care. Treatment that enhances comfort and improves the quality of an individual's life during the last phase of life.

FF. Patient. A person who receives care/treatment/services from a hospice licensed by the Department.

GG. Patient Room. An area enclosed by four ceiling-high walls that can house one or more patients of a hospice facility.

HH. Pharmacist. An individual currently registered as such by the S.C. Board of Pharmacy.

II. Physical Assessment. An assessment of a patient by a physician or other authorized healthcare provider which addresses those issues identified in Section 1100 of this regulation.

JJ. Physical Therapist. An individual currently registered as such by the S.C. Board of Physical Therapy Examiners.

KK. Physician. An individual currently licensed by his or her state medical licensing board to practice medicine in his or her respective state.

LL. Physician's Assistant. An individual currently licensed as such by the S.C. Board of Medical Examiners.

MM. Plan of Care. A documented regimen of care/treatment/services prepared by the hospice for each patient based on assessment data and implemented for the benefit of the patient.

NN. Quality Improvement Program. The process used by the hospice to examine its methods and practices of providing care, identifying the opportunities to improve its performance, and taking actions that result in higher quality of care for the hospice's patients.

OO. Ramp. An inclined accessible route that facilitates entrance to or egress from or within a hospice.

PP. Repeat Violation. The recurrence of a violation cited under the same section of the regulation within a 36-month period. The time-period determinant of repeat violation status is applicable in instances when there are ownership changes.

QQ. Respite Care. Short-term care provided to an individual to relieve the family members, responsible party, or other persons caring for the individual.

RR. Responsible Party. A person who is authorized by law to make decisions on behalf of a patient, to include, but not be limited to, a court-appointed guardian or conservator, or health care or other durable power of attorney.

SS. Restraint. A device which inhibits the movement of a patient, e.g., posey vest, geri-chair.

TT. Revocation of License. An action by the Department to cancel or annul a license by recalling, withdrawing, or rescinding its authority to operate.

UU. Social Worker. An individual who is licensed by the South Carolina Board of Social

Worker Examiners.

VV. Speech Therapist. An individual currently licensed as such by the S.C. Board of Speech-Language Pathology and Audiology.

WW. Staff Member. An adult, to include the administrator, who is a compensated employee of the hospice on either a full or part-time basis.

XX. Suspend License. An action by the Department requiring a hospice to cease operations for a period of time or to require a hospice to cease admitting patients, until such time as the Department rescinds that restriction.

YY. Terminally Ill. A medical prognosis that, if the disease runs its usual course, the individual's estimated life expectancy is 24 months or less.

ZZ. Volunteer. An individual who performs tasks at the hospice at the direction of the administrator or his or her designee without compensation.

102. References

A. The following Departmental publications are referenced in these regulations:

1. R.61-20, Communicable Diseases;
2. R.61-25, Retail Food Establishments;
3. R.61-58, State Primary Drinking Water Regulations;
4. R.61-67, Standards for Wastewater Facility Construction;
5. R.61-105, S.C. Infectious Waste Management Regulations;
6. S.C. Guidelines for Prevention and Control of Antibiotic Resistant Organisms.

B. The following non-Departmental publications are referenced within this regulation:

1. Standard Building Code;
2. National Fire Protection Association (NFPA) 101, Life Safety Code, and other NFPA standards, as applicable;
3. National Electrical Code;
4. Standard Plumbing Code;
5. Standard Mechanical Code;
6. Standard Gas Code;

7. State Fire Marshal Regulations;
8. American National Standards Institute (ANSI) 117.1, Specifications for Making Building and Facilities Accessible to and Useable by the Physically Handicapped;
9. Underwriters Laboratories - Fire Resistance Directory;
10. Underwriters Laboratories - Building Materials List;
11. Occupational Safety and Health Act of 1970 (OSHA);
12. Food and Nutrition Board of the National Research Council, National Academy of Sciences;
13. National Sanitation Federation;
14. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities;
15. U.S. Pharmacopoeia.

The Department shall enforce new laws that may change the above-noted standards and at its discretion adopt revisions to the above noted references.

103. License Requirements

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, conduct, or maintain a hospice in this State, provide hospice services in this State, or represent (advertise/market) itself as providing hospice services in this State without first obtaining a license from the Department. When it has been determined by the Department that hospice care is being provided at a location, and the owner has not been issued a license from the Department to provide such care, the owner shall cease operation immediately and ensure the safety, health, and well-being of the patients. Admission of patients prior to the effective date of licensure is a violation of Section 44-71-30 of the S.C. Code of Laws. Current/previous violations of the SC Code and/or Department regulations may jeopardize the issuance of a license for the hospice or the licensing of any other hospice, facility (an entity licensed by the Department), or addition to an existing hospice facility which are owned by the licensee. The hospice may provide only the care/treatment/services it is licensed to provide pursuant to the hospice services defined in Section 101.P & 101.EE of this regulation. (I)

B. Compliance. An initial license shall not be issued to a proposed hospice, not previously and continuously licensed under Department regulations, until the licensee has demonstrated to the Department that the proposed hospice is in substantial compliance with the applicable licensing standards. A copy of the licensing standards shall be maintained at the hospice and accessible to all hospice staff. In the event a licensee, who already has a hospice or facility licensed by the Department, makes application for licensure of an additional hospice or other type of facility, the currently licensed hospice/facility shall be in substantial compliance with the applicable standards prior to the Department issuing a

license to the proposed hospice.

C. Compliance with Structural Standards upon Change of Licensee. When changes in licensee occur, the new licensee shall, through coordination with the Department's Division of Health Facilities Construction, formulate a plan for the hospice facility to be in compliance with current building and fire and life safety codes within 24 months of the date of the licensee change, unless specific standards are exempted by the Department. Should other changes in licensee occur within the 24-month period, the new licensee shall comply with the original plan approved by the Division of Health Facilities Construction by the end of the 24-month period which began with the date of the original licensee change. Hospice facilities are not required to modify square footage of patient rooms and maximum number of beds in patient rooms.

D. Licensed Bed Capacity. No hospice facility that has been authorized to provide a set number of licensed beds, as identified on the face of the license, shall exceed the bed capacity. No hospice facility shall establish new care, treatment, or services or occupy additional beds or renovated space without first obtaining authorization from the Department. Beds for use by staff members/volunteers are not included in the licensed bed capacity number, provided such beds and locations are so identified and used exclusively by staff members/volunteers. (I)

EXCEPTION: Designated guest rooms, which shall not be counted as part of the licensed bed capacity, may be utilized for housing of family members or responsible party.

E. Persons Received in Excess of Licensed Bed Capacity. No hospice facility shall receive for care, treatment, or services persons in excess of the licensed bed capacity, except in cases of justified emergencies. (I)

EXCEPTION: In the event that the hospice facility temporarily provides shelter for evacuees who have been displaced due to a disaster, then for the duration of that emergency, provided the health, safety, and well-being of all patients are not compromised, it is permissible to temporarily exceed the licensed capacity for the hospice facility in order to accommodate these individuals (See Section 103.E).

F. Living Quarters for Staff Members. In addition to patients, only staff members, volunteers, or owners of the hospice facility and members of the owner's immediate family may reside in hospice facilities licensed under this regulation. Patient rooms shall not be utilized by staff members/volunteers nor shall bedrooms of staff members/volunteers be utilized by patients.

G. Issuance of License.

1. A license is issued by the Department and shall be posted in a conspicuous place in a public area within the hospice.

2. The issuance of a license does not guarantee adequacy of individual care, treatment, or services, personal safety, fire safety, or the well-being of any patient or occupant of a hospice.

3. A license is not assignable or transferable and is subject to revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this State.

4. A license shall be effective for a specified hospice, at a specific location(s), for a specified time period following the date of issue as determined by the Department. A license shall remain in effect until the Department notifies the licensee of a change in that status.

5. Hospice facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, e.g., interstate highways, shall not be considered as dividing otherwise adjoining or contiguous property.

6. Separate licenses are not required, but may be issued, for separate buildings on the same or adjoining grounds where a similar level or type of care is provided.

7. Multiple types of facilities on the same premises shall be licensed separately even though owned by the same entity, e.g., hospice program, hospice facility.

8. Hospice facilities shall be located within the state of South Carolina.

9. A hospice facility must be owned or operated either directly or through contractual agreement with a hospice program.

H. Application. Applicants for a license shall submit to the Department a completed application on a form prescribed and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application includes both the applicant's oath assuring that the contents of the application are accurate/true, and that the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or partnership; in the case of a corporation, by two of its officers; or in the case of a governmental unit, by the head of the governmental department having jurisdiction. The application shall set forth the full name and address of the hospice for which the license is sought and of the owner in the event his or her address is different from that of the hospice, the names of the persons in control of the hospice. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with these regulations. Corporations or partnerships shall be registered with the S.C. Office of the Secretary of State. The application shall indicate the counties in which the hospice will provide services.

I. Licensing fees shall be made payable by check or money order to the Department and are not refundable.

1. Applicants for a hospice shall pay an initial and renewal license fee of \$100.00 plus \$50.00 for each county served.

2. For hospice facilities, the initial and annual license fee shall be \$10.00 per licensed bed or \$75.00, whichever is greater.

3. Fees for additional licensed beds shall be prorated based upon the remaining months of the licensure year.

4. If the application is denied, a portion of the fee shall be refunded based upon the remaining months of the licensure year or \$75.00, whichever is lesser.

J. Late Fee. Failure to submit a renewal application or fee before the license expiration date may result in a late fee(s) of 25% of the licensing fee amount, but not less than \$75.00, in addition to the licensing fee. Continual failure to submit completed and accurate renewal applications and/or fees by the time-period specified by the Department may result in an enforcement action.

K. License Renewal. For a license to be renewed, applicants shall file an application with the Department, pay a license fee, and must not be under consideration for an enforcement action by the Department or undergoing enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license will be issued only when the matter has been resolved satisfactorily by the Department or when the adjudicatory process is completed, whichever is applicable.

L. Change of License.

1. A hospice shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

- a. Change of ownership;
- b. Change of licensed bed capacity (if applicable);
- c. Change of location from one geographic site to another (by letter or application for hospice).

2. Changes in a hospice name, location from one geographic site to another (hospice only), or address as notified by the post office (no location change), may be accomplished by application or by letter from the licensee.

M. Hospice Name. No proposed hospice shall be named, nor may any existing hospice have its name changed to, the same or similar name as any other hospice licensed in the State. If it is part of a "chain operation" it shall then have the geographic area in which it is located as part of its name. (II)

N. Licensed Area. No hospice may serve counties other than those identified on the face of the license, and all services must be made available throughout the entire licensed county(ies) identified. Failure to provide the full scope of services in all areas indicated on the license may be cause for revocation of the hospice's license in those counties or other sanction. (II)

O. Exceptions to Licensing Standards. The Department has the authority to make exceptions to these standards where it is determined that the health, safety, and well-being

of the patients are not compromised, and provided the standard is not specifically required by statute.

SECTION 200 - ENFORCING REGULATIONS

201. General

The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding a proposed or licensed hospice in order to enforce this regulation.

202. Inspections/investigations

A. Inspections shall be conducted prior to initial licensing of a hospice and subsequent inspections conducted as determined by the Department.

B. All hospices or hospice facilities are subject to inspection/investigation at any time without prior notice by individuals authorized by the S.C. Code of Laws.

C. Individuals authorized by the S.C. Code of Laws shall be granted access to all properties and areas, objects, and records in a timely manner, and have the authority to require the hospice to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings. Physical area of inspections shall be determined by the extent to which there is potential impact/effect upon patients as determined by the inspector, *e.g.*, flammable liquids unsecured in a staff member's bedroom, attic, or basement. (I)

D. When there is noncompliance with the licensing standards, the hospice shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection/investigation. The written plan of correction shall describe: (II)

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar);
3. The actual or expected completion dates of those actions.

E. Reports of inspections conducted by the Department, including the hospice response, shall be made available by the hospice upon request with the redaction of the names of those individuals in the report as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

203. Consultations

Consultations shall be provided by the Department as requested by the hospice or as deemed appropriate by the Department.

SECTION 300 - ENFORCEMENT ACTIONS

301. General

When the Department determines that a hospice is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such hospice, the Department, upon proper notice to the licensee, may impose a monetary penalty, deny, suspend, or revoke licenses.

302. Violation Classifications

Violations of standards in this regulation are classified as follows:

A. Class I violations of standards are those that the Department determines to present an imminent danger to the health, safety, or well-being of hospice patients or any person in a hospice facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use in a hospice may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of said time may be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety, or well-being of hospice patients or any person in a hospice facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of said time may be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of said time may be considered a subsequent violation.

D. Class I and II violations are indicated by notation after each applicable section, *i.e.*, "(I)" or "(II)." Sections not annotated in that manner denote Class III violations. A classification at the beginning of a section/subsection applies to all subsections following, unless otherwise indicated.

E. In arriving at a decision to take enforcement actions, the Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or well-being of patients; efforts by the hospice to correct cited violations; behavior of the licensee that would reflect negatively on the licensee's character such as illegal/illicit activities; overall conditions; history of compliance; any other pertinent conditions that may be applicable to current statutes and regulations including participating in, or offering, or implying an offer to participate in the practice generally known as rebates, kickbacks, or fee-splitting arrangements.

F. When a decision is made to impose monetary penalties, the following schedule may be used as a guide to determine the dollar amount:

Frequency of violation
of standard within a
36-month period:

Monetary Penalty Ranges

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	\$ 500 - 1500	\$ 300 - 800	\$ 100 - 300
2nd	1000 - 3000	500 - 1500	300 - 800
3rd	2000 - 5000	1000 - 3000	500 - 1500
4th	5000	2000 - 5000	1000 - 3000
5th	7500	5000	2000 - 5000
6th	10,000	7500	5000

G. Any enforcement action taken by the Department may be appealed pursuant to the Administrative Procedures Act, Section 1-23-310, *et seq.*, S.C. Code of Laws, 1976, as amended.

SECTION 400 - POLICIES AND PROCEDURES

401. General (II)

A. Policies and procedures addressing each section of this regulation regarding patient care, rights, and the operation of the hospice shall be developed and implemented, and revised as required in order to accurately reflect actual hospice operation. The policies and procedures shall address the provision of any special care offered by the hospice which would include how the hospice shall meet the specialized needs of the affected patients, such as those with Alzheimer's disease and/or related dementia, and those who are physically/developmentally disabled, in accordance with any laws which pertain to that service offered, *e.g.*, Alzheimer's Special Care Disclosure Act. Hospices and hospice facilities shall establish a time period for review of all policies and procedures. These policies and procedures shall be accessible at all times and a hard copy shall be available or be readily accessible electronically at each hospice.

B. By its application, the licensee agrees to comply with all standards in this regulation. The policies and procedures shall describe the means by which the hospice shall assure that the standards described in this regulation are met.

SECTION 500 - STAFF/TRAINING

501. General (II)

A. Appropriate staff in numbers and training shall be provided to meet the needs and condition of the patients. Training/qualifications for the tasks each performs shall be in compliance with all professional standards and applicable federal and state laws.

B. Direct care staff members/direct care volunteers of the hospice shall not have a

prior conviction or have pled no contest (nolo contendere) for child or adult abuse, neglect, or mistreatment. The hospice shall coordinate with applicable registries should licensed/certified individuals be considered as employees of the hospice. For those staff members/volunteers who are licensed/certified, a copy of the license/certificate shall be available for review. (I)

C. There shall be accurate current information maintained regarding all staff members/volunteers of the hospice, to include at least address, phone number, and health and personal/work/training background. All staff members/volunteers shall be assigned certain duties and responsibilities which shall be in writing and in accordance with the individual's capability.

502. Administrator/Director

The hospice shall designate an individual to serve as administrator/director. The administrator/director shall have the authority and responsibility for the functions and activities of the hospice, be an employee of the hospice, and be available within a reasonable time and distance. Administrators/Directors employed subsequent to the promulgation of this regulation shall hold at least a baccalaureate or associate degree and have a minimum of three years in a health-related field within the past five years. A qualified staff member shall be designated, in writing, to act in the absence of the administrator/director.

503. Medical Director

The hospice shall designate a physician who assumes overall responsibility for the medical component of the hospice. This individual may also serve as administrator/director.

504. Staffing (I)

A. A physician shall supervise the care and treatment of the patient while receiving hospice treatment/care/services.

B. Nursing care services shall be supervised by a staff registered nurse.

C. Minimum staffing for a hospice facility shall consist of one RN and one additional direct care staff member on duty at all times. The following staffing ratio applies to each hospice facility:

Minimum Ratio of Staff (RN, LPN, Home Health Aide) to Patients

	0-10 pts.	11-20 pts.	21-30 pts.
*1ST SHIFT	2	3	4
*2ND SHIFT	2	2	3
3RD SHIFT	2	2	3

If staffing is scheduled in two 12-hour shifts, the minimum staffing ratios marked with an (*) above will be followed for the day and night shifts respectively.

D. For hospice facilities with more than 30 patients, additional staff shall be required at a ratio of 1:10.

E. Additional staff members shall be provided if it is determined by the Department that the minimum staff requirements are inadequate to provide appropriate care/treatment/services and supervision to the patients of a hospice.

505. Inservice Training (I)

A. The following training shall be provided by appropriate resources, *e.g.*, licensed/registered persons, video tapes, books, etc., to all staff members/direct care volunteers in the context of their job duties and responsibilities prior to patient contact and at a frequency determined by the hospice, but at least annually:

1. Management/care of persons with contagious and/or communicable disease, *e.g.*, hepatitis, tuberculosis, HIV infection;

2. Depending on the type of patients treated by the hospice, care of persons specific to the physical/mental condition being cared for by the hospice, *e.g.*, Alzheimer's Disease and/or related dementia, cognitive disability, etc., to include communication techniques (cueing and mirroring), understanding and coping with behaviors, safety, activities, etc.

3. Use of restraints in accordance with the provisions of Section 902 (for designated staff members only);

4. OSHA standards regarding bloodborne pathogens;

5. Cardiopulmonary resuscitation for designated staff members/volunteers to insure that there is a certified staff member/volunteer available to patients who wish to receive CPR;

6. Confidentiality of patient information and records and the protecting of patient rights;

7. Fire response training within 24 hours of their first day on duty in the hospice facility (See Section 1803);

8. Emergency procedures/disaster preparedness within 24 hours of their first day on duty in the hospice facility (See Section 1700).

B. Job Orientation. All new staff members/volunteers shall be oriented to acquaint them with the organization and environment, specific duties and responsibilities of staff members/volunteers, and patients' needs.

506. Health Status (II)

A. All staff/volunteers who have contact with patients shall have a health assessment within one year prior to patient contact.

B. All staff/direct care volunteers shall undergo a tuberculin skin test pursuant to Section 1202.

SECTION 600 - REPORTING

601. Incidents/Accidents

A. A record of each incident and/or accident, including the use of mechanical/physical restraints, and medication errors involving patients or staff members/volunteers, in the hospice facility or on the hospice facility grounds, shall be prepared and retained.

1. Incidents/Accidents resulting in unexpected death or inpatient hospitalization shall be reported via telephone to the next-of-kin or responsible party immediately and in writing to the Department's Division of Health Licensing within 10 days of the occurrence.

2. Incidents/Accidents shall be considered as, but are not limited to: fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and actual/suspected abuse/neglect/exploitation of patients.

B. Reports shall contain at a minimum: hospice name, patient age and sex, date of incident/accident, location, witness names, extent/type of injury and how treated, (*e.g.*, hospitalization), identified cause of incident/accident, internal investigation results if cause unknown, and the date of the report.

C. Incidents where patients have left the premises of the hospice facility without notice to staff members/volunteers of intent to leave and have not returned within 24 hours shall be reported to the next-of-kin or responsible party and to local law enforcement immediately. When patients who are cognitively impaired leave the premises without notice to staff members/volunteers law enforcement, and next-of-kin shall be contacted immediately upon discovery of the patient's absence. The Division of Health Licensing shall be notified not later than 10 days of the occurrence.

D. Medication errors and adverse medication reactions shall be reported immediately to the next-of-kin or responsible party, prescriber, emergency contact, and other personnel as required by agency policy.

602. Patient Death

The hospice shall have a written plan to be followed at the time of patient death. The plan must provide for:

A. Collection of data needed for the death certificate, as required by state law;

B. Recording time of death;

- C. Pronouncement of death;
- D. Notification of attending physician responsible for signing death certificate;
- E. Notification of next-of-kin or responsible party;
- F. Authorization and release of body to funeral home;
- G. Notification to the Department of any death resulting from an injury, accident, or other possible unnatural causes.

603. Fire/Disasters (II)

A. The Division of Health Licensing shall be notified immediately via telephone or fax regarding any fire in the hospice facility followed by a complete written report, to include fire department reports, if any, to be submitted within a time-period determined by the hospice facility, but not to exceed 72 hours from the occurrence of the fire.

B. Any natural disaster or fire that jeopardizes the safety of any persons in the hospice facility shall be reported to the Division of Health Licensing via telephone or fax immediately, with a complete written report which includes the fire report from the local fire department, if appropriate, submitted within a time-period as determined by the hospice facility, but not to exceed 72 hours.

604. Communicable Diseases (II)

All newly-diagnosed cases of diseases which are required to be reported in accordance with DHEC Regulation 61-20, Communicable Diseases, 1992, shall be reported to the appropriate county health department within 24 hours.

605. Administrator/Director Change

The Department shall be notified in writing by the licensee within 10 days of any change in administrator/director. The notice shall include at least the name of the newly-appointed individual and effective date of the appointment.

606. Joint Annual Report

Hospice or hospice facilities, if required by the Department's Planning and Certificate of Need Division to submit a "Joint Annual Report," shall complete and return this report within the time-period specified by that Division.

607. Closure

Prior to the permanent or temporary closure of a hospice, the hospice shall notify the Division of Health Licensing in writing of the intent to close, the effective closure date, and the place the patients have been relocated. On the date of permanent closure, the license shall be returned to the Division of Health Licensing. For temporary hospice closures, the hospice shall notify the Division of Health Licensing in writing in advance of re-opening.

SECTION 700 - PATIENT RECORDS

701. General

The hospice shall maintain and store a record for each hospice patient in a manner that ensures confidentiality, security, and integrity of the information.

702. Content (II)

A. The hospice shall initiate and maintain an organized record for each patient. The record shall contain sufficient documented information to identify the patient and verify appropriate care rendered. All entries shall be written legibly in ink or typed, signed, and dated.

B. Specific entries/documentation shall include at a minimum:

1. Consultations by physicians or other authorized healthcare providers;
2. Orders for all medication, care, treatment, services, and procedures from physicians or other authorized healthcare providers, shall be completed prior to, or at the time of admission, and updated when revised. Verbal orders received shall include the date of receipt of the order, description of the order, and identification of the individual receiving the order;
3. Care/treatment/services provided;
4. Medications administered and procedures followed if an error is made, to include adverse reactions;
5. Notes of observation;
6. Time and circumstances of death or of discharge/transfer, including condition at discharge/transfer;

703. Assessment

An individualized assessment of physical, emotional, and spiritual needs shall be conducted at the time of admission for each patient. It is acceptable to utilize the same assessment of a patient moving from a hospice to a hospice facility or vice versa that is owned by the same licensee.

704. Plan of Care (II)

A plan of care (POC) (See 101.MM) shall be developed by the interdisciplinary team within 48 hours of admission, approved by a physician, and updated as needed, which shall include the care, treatment, and services relative to the needs of the patient and maintained in the patient record. It is acceptable to utilize the same POC of a patient moving from a hospice to a hospice facility or vice versa that is owned by the same licensee.

705. Record Maintenance

A. The licensee shall provide accommodations, space, supplies, and equipment adequate for the function, protection, and storage of patient records.

B. When a patient is transferred from a hospice to another hospice or facility, copies of appropriate supporting documentation to include at a minimum, a copy of the POC and medication record shall be forwarded to the receiving hospice or facility at the time of transfer. (II)

C. The patient record is confidential and may be made available only to authorized individuals. Active patient records, with the exception of records utilized by providers during home visits, shall be available at the hospice at all times and shall be accessible by the staff member in charge, and by other authorized individuals such as representatives of the Department. (II)

D. Records generated by organizations/individuals with whom the hospice contracts for care, treatment, or services shall be maintained by the hospice that has admitted the patient.

E. The hospice shall determine the medium in which information is stored.

F. Agencies employing electronic signatures or computer-generated signature codes shall insure authentication and security.

G. Upon discharge of a patient, the patient record shall be completed and filed in an inactive/closed file within a time-frame as determined by the hospice, but no later than 30 days after discharge. Closed patient records shall be stored by the licensee and retained for six years following the discharge of the patient. Such records shall be made available to the Department upon request.

H. Upon discharge of the hospice patient's family from bereavement services, the bereavement information shall be filed in an inactive/closed file within a time-period as determined by the hospice. Closed bereavement information shall be stored by the licensee and retained for six years following the completion of services.

I. Prior to the closing of a hospice for any reason, the licensee shall arrange for preservation of records to insure compliance with these regulations. The licensee shall notify the Department, in writing, describing these arrangements within 10 days of closure.

J. Patient records may be destroyed after six years provided that records of minor patients are retained until after the expiration of the period of election following achievement of majority as prescribed by statute.

K. Records of patients are the property of the hospice and shall not be removed from the designated patient record storage area, to include on-site, off-site, or contracted storage, without court order, except when care is delivered in the home or the hospice facility.

EXCEPTION: When a patient is transferred from one hospice to another hospice within the same provider network (same licensee), the original record may follow the patient; the sending hospice shall maintain documentation of the patient's transfer/discharge date and identification information. In the event of change of ownership, all active patient records or copies of active patient records shall be transferred to the new owner(s).

SECTION 800 - ADMISSION/RETENTION

801. General

A. Individuals seeking admission shall be identified as appropriate for the level of care, treatment, services, or assistance offered. The hospice shall establish admission criteria that are consistently applied and comply with local, state, and federal laws and regulations.

B. The hospice shall admit and retain only those persons whose needs can be met by the accommodations and services provided. (I)

C. Admissions and retention of patients shall be deemed appropriate based on the following considerations:

1. The person is under the care of a physician, and is certified by the physician to be terminally ill and is appropriate for hospice care/treatment/services.

2. The person and/or his or her responsible party agree to accept hospice care/treatment/services;

3. The person and family have a demonstrated need for physical, emotional, or spiritual care that can be adequately provided by the hospice, as defined in Section 101.P.

4. The person is not likely to endanger him/herself or others as determined by a physician or other authorized healthcare provider. (I)

SECTION 900 - PATIENT CARE/TREATMENT/SERVICES

901. General (I)

A. Care/treatment/services relative to the needs of the patient and family are provided as identified in the POC, to include emergency treatment, as appropriate. These services shall be coordinated across the continuum of care, modified as warranted based on any changing needs of the patient and family, with changes reflected in the POC. In instances of emergency due to disaster, the hospice shall have a disaster plan to address the needs of the patients, which includes the continued care/treatment/services provided by the hospice to the patients, unless the nature of the disaster precludes the hospice from continuing such care/treatment/services.

B. Nursing and other interdisciplinary services, including medications administered, shall be provided in a safe, effective manner and in accordance with local, state, and federal laws and regulation and with established professional practices. Care/treatment/services

provided shall be supervised by appropriate qualified professionals and be available 24 hours a day, seven days a week.

C. The following shall be routinely provided directly by the hospice:

1. Medical Director;
2. Nursing care by or under the supervision of an RN;
3. Social work;
4. Bereavement;
5. Volunteer;
6. Supervision of home health aides and homemakers.

D. The following shall be provided as specified in the patient's POC, either directly by the hospice or arranged for through legally- binding arrangements made by the hospice:

1. Spiritual care;
2. Home health aide;
3. Physical therapy, occupational therapy, speech therapy;
4. Dietary consultation;
5. Medical supplies;
6. Prescription medications;
7. Durable medical equipment;
8. Short-term respite care;
9. Short-term inpatient care for pain control and/or symptom management;
10. Continuous care.

E. Additional services shall be provided, either directly or by contractual arrangement, when specified in the POC.

F. When appropriate to meet the needs of the patient and as ordered by the attending physician, the hospice shall initiate the referral to an appropriate facility.

SECTION 1000 - RIGHTS AND ASSURANCES

1001. General (II)

A. The hospice shall comply with all relevant federal, state, and local laws and regulations related to patient care and protections, e.g., Title VI, Section 601 of the Civil Rights Act of 1964, Americans with Disabilities Act (ADA), and ensure that there is no discrimination with regard to source of payment, recruitment of potential patients, location of patients, or provision of care, treatment, and services to patients. Care shall not be discontinued or diminished due to the inability to pay for the care, until provisions can be made for transfer of the patient.

B. The following rights shall be guaranteed to the patient, and, at a minimum, the hospice shall provide the patient a written and oral explanation of these rights:

1. Hospice.

a. Care to be provided and the opportunity to participate in care and treatment and to be informed about, and updated on changes in condition;

b. To refuse to participate in experimental research;

c. To choose a physician or other authorized healthcare provider;

d. Confidentiality of patient records;

e. Respect and security for the patient's property and in a hospice facility for the patient to keep personal possessions as space permits, unless it interferes with the rights and safety of other patients;

f. Advance directive options;

g. Freedom from abuse (physical or mental), neglect, and exploitation;

h. Freedom from physical restraint through the use of medications unless they are prescribed by a doctor;

i. Respect and dignity in receiving care, including privacy in receiving treatment or personal care.

2. Hospice Facility.

a. To choose meals/food as desired;

b. Immediate access to family members, other relatives, or responsible party without restriction or unreasonable delay.

c. Privacy in visits, including the right to associate and communicate privately with people of the patient's choice, including spousal visits of a conjugal nature;

d. Receive visitors at any reasonable hour, including small children;

e. Privacy when sending or receiving mail. The hospice facility cannot open and

read mail without patient permission either when received or prior to being mailed;

f. The right to share a patient room, unless contraindicated by their attending physician.

C. The hospice facility shall establish a refund policy based on the actual number of days a patient is physically present in the hospice facility (along with bed-hold days). The patient or responsible party shall be informed of the refund policy in writing at the time of admission and shall be notified in writing anytime the policy is changed.

D. The hospice facility shall inform the patient or responsible party in writing of the grievance procedure should the patient consider one or more of their rights violated.

E. The patient rights, the grievance procedure and other notices as required by law shall be prominently displayed in public areas of the hospice facility. Included in the grievance procedure shall be the address and phone number of the Department's Division of Health Licensing.

F. Patients must be given written notice of not less than 30 days for transfer or discharge, except that when the health, safety, or well-being of other patients of the hospice facility would be endangered by the 30-day notice requirement, the time for giving notice must be that which is practicable under the circumstances. A patient may be transferred or discharged:

1. If he or she moves out of the hospice program's service area;
2. For medical reasons;
3. For noncompliance with the POC;
4. For the welfare of the patient or the welfare of staff or other patients of the hospice facility.

G. The hospice shall not retaliate against a patient should the patient exercise his or her right to complain about a violation of his or her rights, e.g., increasing charges, decreasing the services received; taking away any privileges; use of abuse, threatening language, or trying to force a patient to discontinue hospice care or leave the hospice facility.

SECTION 1100 - PATIENT PHYSICAL ASSESSMENT

1101. General (I)

A. A medical history and physical assessment shall be completed for patients within 30 days prior to or no later than 48 hours after admission. The physical assessment shall address the appropriateness of admission, medications required and self-administration status, and identification of special conditions/care required, e.g., communicable disease, Alzheimer's disease and/or related dementia, pain management, imminent death, etc.

B. The physical assessment shall be performed only by a physician or other authorized healthcare provider.

C. If a patient or potential patient has a communicable disease, the hospice shall seek advice from a physician or other authorized healthcare provider in order to:

1. Insure the hospice has the capability to provide adequate care and prevent the spread of that condition and that the staff members/volunteers are adequately trained;

2. Transfer the patient to an appropriate facility, if necessary.

D. A discharge summary from a health care facility, which includes a physical assessment, may be acceptable as the admission physical assessment, provided the summary includes the requirements of Sections 1101.A and B above.

E. In the event that a patient transfers from a facility licensed by the Department to a hospice facility, an additional admission physical assessment shall not be required, provided the sending facility has had a physical assessment conducted on the patient not earlier than 12 months prior to the admission of the patient to the hospice facility and the physical assessment meets requirements specified in Sections 1101.A and B above unless the receiving facility has an indication that the health status of the patient has changed significantly. The receiving hospice facility shall acquire a copy of the admission physical assessment/ tuberculin skin test from the hospice facility transferring the patient. (See Section 1202 regarding tuberculin skin testing.)

SECTION 1200 - INFECTION CONTROL

1201. Staff Practices (I)

Staff/volunteer practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; the Centers for Disease Control and Prevention (CDC); the Department's Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings and R.61-105 and other applicable federal, state, and local laws and regulations.

1202. Tuberculin Skin Testing (I)

A. Tuberculin skin testing, utilizing a two-step intradermal (Mantoux) method of five tuberculin units of stabilized purified protein derivative (PPD), is a procedure recommended by the CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Healthcare Facilities to establish baseline status. The two-step procedure involves one initial tuberculin skin test with a negative result, followed 7-21 days later by a second test.

B. Testing Procedures.

1. Staff members/direct care volunteers of hospices or hospice facilities shall be

required to have evidence of a two-step tuberculin skin test within three months prior to patient contact. If there is a documented negative tuberculin skin test (at least single-step) within the previous 12 months, the person shall be required to have only one tuberculin skin test to establish a baseline status.

2. Staff members/direct care volunteers with negative test results from the initial two-step procedure shall be required to have an annual one-step skin test.

C. Positive Reactions/Exposure.

1. Individuals with tuberculin skin test reactions of 10mm or more of induration and known human immunodeficiency virus (HIV)-positive individuals with tuberculin skin test reactions of 5mm or more of induration shall be referred to a physician or other authorized healthcare provider for appropriate evaluation.

2. All persons who are known or suspected to have tuberculosis (TB) shall be evaluated by a physician or other authorized healthcare provider.

3. Staff members/direct care volunteers will not be allowed to return to work until they have been declared noncontagious by a physician or other authorized healthcare provider.

4. Patients with symptoms of TB shall be isolated and/or treated/referred as necessary until certified as non-contagious by a physician or other authorized healthcare provider.

5. Individuals who have had a prior history of TB shall be required to have a chest radiograph and certification within one month prior to employment/admission by a physician or other authorized healthcare provider that they are not contagious.

6. If an individual who was previously documented as skin test negative has an exposure to a documented case of TB, the hospice shall immediately contact the local county health department or the Department's TB Control Division for consultation.

D. Treatment.

1. Preventive treatment of persons who are new positive reactors is recommended unless specifically contraindicated.

2. Individuals who complete treatment either for disease or infection are exempt from further treatment unless they develop symptoms of TB. An individual who remains asymptomatic shall not be required to have a chest radiograph, but shall have an annual documented assessment by a physician or other authorized healthcare provider for symptoms suggestive of TB, e.g., cough, weight loss, night sweats, fever, etc.

1203. Infectious Waste (I)

Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in a manner compliant with OSHA Bloodborne Pathogens

Standard, and the Department's S.C. Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, and R.61-105.

SECTION 1300 - AGREEMENTS FOR SERVICES

1301. General

When a hospice engages a source other than the hospice to provide services normally provided by the hospice, *e.g.*, staffing, training, food service, professional consulting, maintenance, transportation, there shall be a written agreement with the source that describes how and when the services are to be provided, the exact services to be provided, and a statement that these services are to be provided by qualified individuals. The source shall comply with this regulation in regard to patient care, treatment, services, and rights.

SECTION 1400 - QUALITY IMPROVEMENT PROGRAM

1401. General (II)

A. There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care/treatment/services provided by the hospice.

B. The quality improvement program, at a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;
2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;
3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;
4. Establish ways to measure the quality of patient care and staff performance as well as the degree to which the policies and procedures are followed;
5. Analyze the appropriateness of the Pocks and the necessity of care/treatment/services rendered;
6. Analyze the effectiveness of the fire plan (hospice facility only);
7. Analyze all incidents and accidents, to include all medication errors and unexpected patient deaths;
8. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the patients.

C. The hospice shall establish a method of obtaining feedback from patients/families and other interested persons regarding the level of satisfaction with services, treatment, and

care provided by the hospice.

PART II - HOSPICE FACILITIES

A hospice facility shall comply with all of the preceding standards as well as all those addressed in Part II.

SECTION 1500 - MEDICATION MANAGEMENT

1501. General (I)

A. Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid shall be properly managed in accordance with local, state, and federal laws and regulations. Such management shall address the securing, storing, and administering of medications, medical supplies, first aid supplies, and biologicals, their disposal when discontinued or outdated, and their disposition at discharge, death, or transfer of a patient.

B. The hospice facility shall provide appropriate methods and procedures for the dispensing and administering of medications/biologicals. Whether medications/biologicals are obtained from community or institutional pharmacies or stocked by the hospice facility, the hospice facility is responsible for assuring the availability of medications and biologicals for its patients and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles and appropriate federal, state, and local laws.

C. Applicable reference materials, e.g., PDR, current Drug Reference Book, published within the previous year shall be available at the hospice in order to provide staff members/volunteers with adequate information concerning medications.

1502. Medications and Treatment Orders

A. Orders for medications and treatment shall be signed by a physician and incorporated in the patient's record maintained by the hospice. Verbal/telephonic orders received shall be received by an authorized healthcare provider. Therapists, pharmacists and social workers can receive only those orders pertinent to their specialty. The hospice, to include a representation by physicians treating patients at the hospice, a pharmacist, and the Nursing Director may establish lists of categories of diagnostic or therapeutic verbal orders associated with any potential hazard to the patient that must be authenticated by the physician within a limited hospice-determined time period, but in no case shall any orders be authenticated later than 48 hours from the date of the order. Controlled substances shall be included on the list to be authenticated within seven days of the order and all other orders shall be authenticated within 30 days.

B. Stop-Order Policies. All medication orders which do not specifically indicate the number of doses to be administered or the length of time the medication is to be administered shall automatically be stopped in accordance with written policies as established by the hospice.

D. Standing Orders. Standing orders may be utilized if signed by the attending physician or medical director, and updated not less than annually.

1503. Emergency Medications

A. A kit containing medications for emergency use shall be maintained in the hospice facility. The kit shall be readily available but must be properly secured. The kit shall contain such medications as selected and approved consistent with hospice facility policy and state and federal regulations. An inventory of medications maintained in the kit shall be attached to or placed in the kit.

B. The emergency kit shall be reviewed at least monthly to ensure that all medications are accounted for, unexpired, and have been properly replaced when used.

C. There shall be at least one emergency kit on each patient floor.

1504. Administering Medication (I)

A. Medication, to include oxygen, shall be administered to patients only upon orders (to include standing orders) of a physician or other authorized healthcare provider. Medications accompanying patients at admission may be administered to patients provided the medication is in the original labeled container and the order is subsequently obtained as a part of the admission physical assessment. Should there be concerns regarding the appropriateness of administering medications due to the condition/state of the medication, e.g., expired, makeshift or illegible labels, or the condition/state of health of the newly-admitted patient, staff members shall consult with the attending physician to clarify the orders.

B. Doses of medication shall be administered by the same licensed nurse who prepared them for administration. Preparation shall occur no earlier than one hour prior to administering. Preparation of doses for more than one scheduled administration shall not be permitted. Each medication dose administered or supervised shall be properly recorded by initialing on the patient's medication record as the medication is administered. Recording medication administration shall include medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the medication. Recording shall include the medication, dosage, and mode of administration, date, time and identification of the person administering the medication(s). Initials are acceptable when they can be identified readily by signatures.

C. Medications shall be administered in accordance with state practice acts by a physician or other authorized healthcare provider, or licensed nurse.

D. Medications ordered for a specific patient shall not be provided/administered to any other patient. Medications that are prescribed for a specific patient cannot be administered to another person.

E. Self-administration of medications is allowed only on the specific written orders of the patient's attending physician. (Self-administered medications shall be recorded on the medication administration records by the appropriate licensed personnel.) Prescribed and

over-the-counter medications, e.g., nitroglycerin, skin ointments, etc., may be kept at bedside upon physician orders if kept in a closed area, such as the drawer of the patient's night stand, in accordance with facility policy.

F. Hospice facilities may elect not to permit self-administration.

1505. Pharmacy Services (I)

A. The hospice facility shall ensure that hospice facility pharmacy operations are in compliance with all applicable state and federal regulations, *i.e.*, regarding ordering, storage, administration, disposal, and record keeping of medications and biologicals.

B. Any pharmacy services within the hospice facility shall be provided by or under the direction of a pharmacist in accordance with accepted professional principles and appropriate local, state, and federal laws and regulations.

C. Hospice facilities which maintain stocks of legend medications and biologicals for dispensing to patients shall obtain and maintain a valid, current pharmacy permit from the S.C. Board of Pharmacy. Nonlegend medications which can be purchased without a prescription such as aspirin, milk of magnesia and mineral oil, may be retained as stock in the hospice facility for administration as ordered by the attending physician.

D. Labeling of medications dispensed to patients shall be in compliance with local, state, and federal laws and regulations, to include expiration date.

E. The pharmaceutical services shall establish procedures for control and accountability of all medications and biologicals throughout the facility. Medications shall be dispensed in compliance with federal and state laws. Records of receipt and disposition of all controlled substances shall be maintained in sufficient detail to enable an accurate reconciliation.

1506. Medication Containers (I)

Medications for patients shall be obtained from a permitted pharmacy or prescriber on an individual prescription basis. These medications shall bear a label affixed to the container which reflects at least the following: name of pharmacy, name of patient, name of the prescribing physician or other authorized healthcare provider, date and prescription number, directions for use, and the name and dosage unit of the medication. The label shall be brought into accord with the directions of the physician or other authorized healthcare provider each time the prescription is refilled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for re-labeling or disposal.

1507. Medication Storage (I)

A. Medications shall be properly stored and safeguarded to prevent access by unauthorized persons. Expired or discontinued medications shall not be stored with current medications. Storage areas shall be locked, and of sufficient size for clean and orderly storage. Storage areas shall not be located near sources of heat, humidity, or other

hazards that may negatively impact medication effectiveness or shelf life. Medications requiring refrigeration shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36 - 46 degrees F.). If a multi-use refrigerator is used to store medications outside the secured medication storage area, a separate locked box shall be used to store medications, provided the refrigerator is near the medication storage area.

B. Medications shall be stored:

1. Separately from poisonous substances or body fluids;
2. In a manner which provides for separation between topical and oral medications, and which provides for separation of each individual patient's medication.

C. A record of the stock and distribution of all controlled substances shall be maintained in such a manner that the disposition of each dose of any particular item may be readily traced.

D. Unless the hospice facility has a permitted pharmacy, legend medications shall not be stored except those specifically prescribed for individual patients. Nonlegend medications that can be obtained without a prescription may be retained and labeled as stock in the hospice facility for administration as ordered by a physician or other authorized healthcare provider.

1508. Disposition of Medications (I)

A. Upon discharge of a patient, unused medications shall be released to the patient, family member, responsible party, as appropriate, unless specifically prohibited by the attending physician or other authorized healthcare provider.

B. Patients' medications shall be destroyed by the hospice facility administrator or his or her designee or returned to the dispensing pharmacy when:

1. Medication has deteriorated or exceeded its expiration date;
2. Unused or expired portions remain due to death or discharge of the patient, or discontinuance of the medication. Medication that has been discontinued by order may be stored for a period not to exceed 30 days provided they are to be stored separately from current medications.

C. The destruction of medication shall occur within five days of the above-mentioned circumstances, be witnessed by the administrator or his or her designee, the mode of destruction indicated, and these steps documented. Destruction records shall be retained by the hospice facility for a period of two years.

D. The destruction of controlled substances shall be accomplished only by the administrator or his or her designee on-site and witnessed by a licensed nurse or pharmacist, or by returning them to the dispensing pharmacy and obtaining a receipt from the pharmacy.

E. Expired biologicals, medical supplies, and solutions shall be disposed of in accord with hospice facility policy.

SECTION 1600 - MEAL SERVICE

1601. General (II)

A. All hospice facilities that prepare food on-site shall be approved by the Division of Health Licensing and shall be regulated, inspected, and graded pursuant to R.61-25. Hospice facilities preparing food on-site and licensed for 16 beds or more subsequent to the promulgation of these regulations shall have commercial kitchens.

B. When meals are catered to a hospice facility, such meals shall be obtained from a food service establishment graded by the Department, pursuant to R.61-25, and there shall be a written executed contract with the food service establishment.

1602. Meals and Services

A. All hospice facilities shall provide dietary services to meet the daily nutritional needs of the patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. (II)

B. The dining area shall provide a congenial and relaxed environment. Table service shall be planned in an attractive and colorful manner for each meal and shall include full place settings with napkins, tablecloths or place-mats, and nondisposable forks, spoons, knives, drink containers, plates, and other eating utensils/containers as needed.

C. Unless otherwise directed by the patient's physician or other authorized healthcare provider or by the wishes of the patient, a minimum of three nutritionally-adequate meals, in accordance with Section 1602.A above, in each 24-hour period shall be provided for each patient. Professional judgment may dictate that meal service is adjusted to meet variations in the condition of individual patients. This may include offering smaller, more frequent meals, or snacks, or postponing meals to honor a patient's request (e.g., to sleep or not to eat). Not more than 14 hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

D. Special attention shall be given to preparation and prompt serving in order to maintain correct food temperatures for serving. (II)

E. Suitable food and snacks shall be available and offered between meals at no additional cost to the patients. (II)

F. Tray service shall be permitted when the patient is medically unable to access the dining area for meals or if the hospice facility has received notice from the patient of a preference to receive tray service.

1603. Meal Service Staff (II)

A. Sufficient staff members/volunteers shall be available to serve food and to provide

individual attention and assistance, as needed.

B. Approved hair restraints (covering all loose hair) shall be worn by all individuals engaged in the preparation of foods.

1604. Diets

A. If the hospice facility accepts or retains patients in need of medically-prescribed special diets, the menus for such diets shall be planned by a professionally-qualified dietitian, or shall be reviewed and approved by a physician or other authorized healthcare provider. The hospice facility shall provide supervision of the preparation and serving of any special diet, e.g., low-sodium, low-fat, 1200-calorie, diabetic diet. (II)

EXCEPTION: Nonadherence to the special diet shall be acceptable provided there is written consent to such nonadherence from the patient and the physician.

B. If special diets are required, the necessary equipment for preparation of those diets shall be available and utilized.

C. A diet manual published within the previous five years shall be available and shall address at minimum:

1. Food sources and food quality;
2. Food protection storage, preparation and service;
3. Food worker health and cleanliness;
4. Recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences USDA food serving recommendations;
5. General menu planning;
6. Menu planning appropriate to special needs, e.g., diabetic, low-salt, low-cholesterol, or other diets appropriate for the elderly and/or infirmed.

1605. Menus

A. Menus shall be planned and written at a minimum of one week in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available and posted in one or more conspicuous places in a public area. All substitutions made on the master menu shall be recorded in writing.

B. Records of menus as served shall be maintained for at least 30 days.

1606. Ice and Drinking Water (II)

A. Ice from a water system that is in accordance with R.61-58 shall be available and precautions taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside the ice container.

B. Potable drinking water shall be available and accessible to patients at all times.

C. The use of common cups shall be prohibited.

D. Ice delivered to patient areas in bulk shall be in nonporous, covered containers that shall be cleaned after each use.

1607. Equipment (II)

A. Liquid or powder soap dispensers and sanitary paper towels shall be available at each food service handwash lavatory.

B. In hospice facilities of 16 or more licensed beds, separate handwash sinks shall be provided, convenient to serving, food preparation, and dishwashing areas.

C. All walk-in refrigerators and freezers shall be equipped with opening devices which will permit opening of the door from the inside at all times. (I)

1608. Refuse Storage and Disposal (II)

Refuse storage and disposal shall be in accordance with R.61-25.

SECTION 1700 - EMERGENCY PROCEDURES/DISASTER PREPAREDNESS

1701. Disaster Preparedness (II)

A. All facilities shall develop, in coordination with their county emergency preparedness agency, a suitable written plan for actions to be taken in the event of a disaster. Prior to initial licensing of a hospice facility, the completed plan shall be submitted to the Division of Health Licensing for review. Additionally, in instances where there are applications for increases in licensed bed capacity, the emergency/disaster plan shall be updated to reflect the proposed new total licensed bed capacity. All staff members/volunteers shall be made familiar with this plan and instructed as to any required actions. A copy of the disaster plan shall be provided to the patient/patient's sponsor at the time of admission.

B. The disaster plan shall include, but not be limited to:

1. A sheltering plan to include:

a. The licensed bed capacity and average occupancy rate;

b. Name, address and phone number of the sheltering locations to which the patients will be relocated during a disaster;

c. A letter of agreement signed by an authorized representative of each

sheltering location which shall include: the number of relocated patients that can be accommodated; sleeping, feeding, and medication plans for the relocated patients; and provisions for accommodating relocated staff members/volunteers. The letter shall be updated annually with the sheltering facility and whenever significant changes occur. For those facilities located in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Horry, Jasper, and Georgetown counties, at least one sheltering facility shall be located in a county other than these counties.

2. A transportation plan, to include agreements with entities for relocating patients, which addresses:

- a. Number and type of vehicles required;
- b. How and when the vehicles are to be obtained;
- c. Who (by name or organization) will provide drivers;
- d. Procedures for providing appropriate medical support and medications during relocation;
- e. Estimated time to accomplish the relocation;
- f. Primary and secondary routes to be taken to the sheltering facility.

3. A staffing plan for the relocated patients, to include:

- a. How care will be provided to the relocated patients, including the number and type of staff members;
- b. Plans for relocating staff members or assuring transportation to the sheltering facility;
- c. Co-signed statement by an authorized representative of the sheltering facility if staffing is to be provided by the sheltering facility.

1702. Emergency Call Numbers (II)

Emergency call data shall be posted in a conspicuous place and shall include at least the telephone numbers of fire and police departments, ambulance service, and the poison control center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of staff members/volunteers to be notified in case of emergency.

1703. Continuity of Essential Services (II)

There shall be a plan implemented to assure the continuation of essential patient support services in case of power outage, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes.

1704. Safety Precautions/Restraints (I)

A. Periodic or continuous mechanical or physical restraints during routine care of a patient shall not be used, nor shall patients be restrained for staff convenience or as a substitute for care/treatment/services. However, in cases of extreme emergencies when a patient is a danger to him or herself or others, mechanical and/or physical restraints may be used as ordered by a physician or other authorized healthcare provider.

B. Only those devices specifically designed as restraints may be used. Makeshift restraints shall not be used under any circumstance.

C. Emergency restraint orders shall specify the reason for the use of the restraint, the type of restraint to be used, the maximum time the restraint may be used, and instructions for observing the patient while restrained, if different from the hospice facility's written procedures.

D. During emergency restraint, patients shall be monitored at least every hour. Prescribed medications, treatments shall be administered as ordered and nourishment and fluids provided as needed.

SECTION 1800 - FIRE PREVENTION

1801. Arrangements for Fire Department Response/Protection (I)

A. Each hospice facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire, *i.e.*, fire plan and evacuation plan.

B. Hospice facilities located outside of a service area or range of a public fire department shall arrange by written agreement with the nearest fire department for them to respond in case of fire. A copy of the agreement shall be kept on file in the hospice facility and a copy shall be forwarded to the Division of Health Licensing. If the agreement is changed, a copy shall be forwarded to the Division of Health Licensing.

1802. Tests and Inspections (I)

A. Fire protection and suppression systems shall be maintained and tested in accordance with NFPA 10, 13, 14, 15, 25, 70, 72, and 96.

B. All electrical installations and equipment shall be maintained in a safe, operable condition in accordance with NFPA 70 and 99 and shall be inspected at least annually.

1803. Fire Response Training (I)

A. Each staff member/volunteer shall receive training within 24 hours of his or her first day on duty in the hospice facility and at least annually thereafter, addressing at a minimum, the following:

1. Fire plan, including the training of staff members/volunteers;

2. Fire evacuation plan, including routes and procedures;
3. Reporting a fire;
4. Use of the fire alarm system;
5. Location and use of fire-fighting equipment;
6. Methods of fire containment;
7. Specific responsibilities, tasks, or duties of each individual.

B. A plan for the evacuation of patients, staff members, and visitors, to include evacuation routes and procedures, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility, and a copy of the plan shall be provided to each patient and/or the patient's sponsor at the time of admission.

1804. Fire Drills (I)

A. An unannounced fire drill shall be conducted at least once every three months for each shift. Each staff member/volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members/volunteers and patients directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then provisions of the statute or regulation shall be complied with and shall supersede the provisions of Section 1804.

B. Drills shall be designed and conducted to evaluate the effectiveness of the plans and to assure that all staff/volunteers:

1. Are capable of performing assigned tasks and duties;
2. Know the location, use and operation of fire-fighting equipment;
3. Are familiar with the fire plan.

SECTION 1900 - MAINTENANCE

1901. General (II)

A. The structure, including its component parts and equipment, shall be properly maintained to perform the functions for which it is designed.

B. Noise, dust, and other related patient intrusions shall be minimized when construction/ renovation activities are underway.

SECTION 2000 - ENVIRONMENT

2001. Housekeeping (II)

The hospice facility and its grounds shall be neat, uncluttered, clean, and free of vermin and offensive odors.

A. Interior housekeeping shall at a minimum include:

1. Cleaning each specific area of the hospice facility;
2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area appropriate to the area and the equipment's purpose or use;
3. Safe storage of chemicals indicated as harmful on the product label, cleaning materials, and supplies in cabinets or well-lighted closets/rooms, inaccessible to patients. If a physician or other authorized healthcare provider has determined that a patient is capable of appropriately using a cleaning product or other hazardous agent, the hospice facility may elect to permit the patient to use the product, provided there is a written statement from a physician or other authorized healthcare provider that assures that the patient is capable of maintaining the product in a secure locked manner and that a description of product use is outlined in the patient's POC.

B. Exterior housekeeping shall at a minimum include:

1. Cleaning of all exterior areas, e.g., porches and ramps, and removal of safety impediments such as snow and ice;
2. Keeping hospice facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.

2002. Pets (II)

A. If the hospice facility chooses to permit pets, healthy animals that are free of fleas, ticks, and intestinal parasites, and have been screened by a veterinarian prior to entering the hospice facility, have received required inoculations, if applicable, and that present no apparent threat to the health, safety, and well-being of the patients, may be permitted in the hospice facility, provided they are sufficiently fed and cared for and that both the pets and their housing are kept clean.

B. Pets shall not be allowed near patients who have allergic sensitivities to pets, or for other reasons such as patients who do not wish to have pets near them.

C. Pets shall not be allowed in the kitchen area. Pets shall be permitted in patient dining areas only during times when food is not being served. If the dining area is adjacent to a food preparation or storage area, those areas shall be effectively separated by walls and closed doors while pets are present.

D. If personal pets are permitted in the hospice facility, the housing of those pets shall be in either a patient private room or outside the hospice facility.

2003. Clean/Soiled Linen (II)

A. Clean Linen. A supply of clean, sanitary linen shall be available at all times. In order to prevent the contamination of clean linen by dust or other airborne particles or organisms, clean linen shall be stored and transported in a sanitary manner, *e.g.*, enclosed and covered. Clean linen storage rooms shall be used only for the storage of clean linen and other clean materials. Clean linen shall be separated from storage of other materials.

B. Soiled Linen.

1. Soiled linen shall neither be sorted, rinsed, nor washed outside of the laundry service area;

2. Provisions shall be made for collecting, transporting, and storing soiled linen;

3. Soiled linen shall be kept in enclosed/covered containers;

4. Laundry operations shall not be conducted in patient rooms, dining rooms, or in locations where food is prepared, served, or stored. Freezers/refrigerators may be stored in laundry areas, provided sanitary conditions are maintained.

SECTION 2100 - DESIGN AND CONSTRUCTION

2101. General (II)

A. A hospice facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each patient. Hospice facility design shall be such that all patients have access to required services. There shall be 200 gross square feet per licensed bed in hospice facilities 10 beds or less, and in hospice facilities licensed for more than 10 beds, an additional 100 gross square feet per licensed bed.

B. Hospice facilities shall be in compliance with the building occupancy requirements of the Standard Building Code and the Life Safety Code.

2102. Local and State Codes and Standards (II)

A. Buildings shall comply with pertinent local and state laws, codes, ordinances, and standards with reference to design and construction. No hospice facility shall be licensed unless the Department has assurance that responsible local officials (zoning and building) have approved the hospice facility for code compliance.

B. The Department utilizes the basic codes indicated in Section 102.B.

C. Buildings designed in accordance with the above-referenced codes shall be acceptable to the Department provided the requirements set forth in this regulation are also met.

2103. Construction/Systems (II)

A. All buildings of hospice facilities, new and existing, being licensed for the first time, or changing their license to provide a different service, shall meet the current codes and regulations.

B. Unless specifically required otherwise in writing by the Department's Division of Health Facilities Construction, all existing hospice facilities shall meet the construction codes and regulations for the building and its essential equipment and systems in effect at the time the license was issued. Except for proposed hospice facilities that have received a current and valid written approval to begin construction, current construction codes, regulations, and requirements shall apply to those hospice facilities licensed after the date of promulgation of these regulations.

C. Any additions or renovations to an existing licensed hospice facility shall meet the codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of the addition or renovation. When the cost of additions or renovations to the building exceeds 50% of the then market value of the existing building and its essential equipment and systems, the building shall meet the then current codes, regulations, and requirements.

D. Buildings of hospice facilities under construction at the time of promulgation of these regulations shall meet the codes, regulations, and requirements in effect at the time of the plan's approval.

E. Any hospice facility that closes or has its license revoked, and for which application for re-licensure is made at the same site, shall be considered a new building and shall meet the current codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of application for re-licensing.

2104. Submission of Plans and Specifications

A. In all new construction or existing structures proposed to be licensed by the Department, plans and specifications shall be submitted to the Division of Health Facilities Construction for review and approval.

B. Any building which is being licensed for the first time will be considered "new" construction and must meet current codes.

C. If the start of construction is delayed for a period exceeding 12 months from the time of approval of final submission, a new evaluation and/or approval is required.

D. One complete set of "as-built" drawings shall be filed with the Division of Health Facilities Construction.

E. Where the SBC or other regulations require fire-rated walls or other fire-rated structural elements, these plans and specifications shall be prepared by an architect and shall bear his or her seal. Plans for a hospice facility with five beds or less shall be drawn to scale; however, preparation by an architect is not required.

F. Construction of buildings, or within buildings of 5000 square feet or more, or

buildings three stories or more in height, and involving construction of fire-rated assemblies, must, in addition to Section 2104.E above, provide the Minimum Construction Administration Services, as defined in Regulation 11-12, Code of Professional Ethics, published by The Board of Architectural Examiners, S.C. Department of Labor, Licensing, and Regulation.

G. When construction is contemplated for additions or alterations to existing licensed buildings, the hospice facility shall contact the Division of Health Facilities Construction regarding code and regulatory requirements that apply to that project. Plans and specifications shall be submitted to that division for review.

H. If within a 12-month period any alterations or renovations costing in excess of 50 percent of the then physical market value of the building are made to an existing facility, then the entire facility shall be made to conform with the requirements of current building code editions for new facility construction and to Department standards.

I. All plans shall be drawn to scale with the title, location, and date indicated thereon.

J. Construction work shall not begin until approval of the final drawings or written permission has been received from DFHC. Any construction deviations from the approved documents shall be approved by DFHC.

K. Plans and specifications are reviewed as necessary to obtain a set of approvable drawings showing all necessary information. Submission of plans for review may be made in stages. The final drawings shall include a complete set of contract documents properly signed and "wet" sealed, including working drawings and contract specifications to include:

1. Cover sheet:

- a. Title and location of project;
- b. Index of drawings;
- c. Code analysis listing applicable codes;
- d. Occupancy classification;
- e. Type of construction;
- f. Legend and notes and symbols for pertinent information.

2. Site plan:

- a. Site preparation;
- b. Size and shape of the site;
- c. Footprint of the proposed building and/or addition on the site;

- d. Vehicular and pedestrian access to and on the site;
- e. Existing utilities for or to the site;
- f. Spot elevations and general information on the lay of the land (rivers, creeks, ridges, swamps, etc.);
- g. Existing structures (buildings, foundations, retaining walls, above and underground storage tanks, etc.);
- h. Vehicular movement, parking areas (total number of spaces), sidewalks, etc.;
- i. Existing and proposed contours;
- j. All utilities to the facility (including water supply available for fire protection).

3. Floor plan(s):

- a. Complete plans drawn to scale with basic and overall dimensions of rooms and room designations;
- b. Demolition plan (if required) including asbestos survey, (if required);
- c. Life safety plan showing smoke compartments and all fire rated walls. Indicate proper delineation of rated walls (fire walls, smoke partitions, exits and exit calculations, etc.);
- d. Door swings and sizes;
- e. Fixed equipment locations;
- f. Details;
- g. Building section(s) - exterior and interior wall sections, as applicable;
- h. Indication of type of construction and required fire ratings of all assemblies;
- i. Type of structural system.

4. Mechanical:

- a. Plumbing;
- b. Fixture locations, risers and pipe chases;
- c. Type and location of equipment;
- d. Supplies returns, and exhausts.

5. Electrical:

- a. Lighting;
- b. Power;
- c. Communication (nurse call, fire alarm);
- d. Electrical riser diagrams.

6. Fire Protection (sprinkler).

7. Separate Kitchen Plan (if the facility prepares meals):

a. In facilities of four beds or more, food service operations shall be separated from living and sleeping quarters by complete, ceiling-high walls, and solid, self-closing doors. (II)

b. Kitchen ventilation specifications shall be in compliance with Section 2801.G.

c. Construction of commercial kitchens (meals prepared for 16 or more persons), shall be in compliance with Chapter VII (A - G) of R.61-25, and a separate floor plan shall be provided depicting:

(1) Location of all equipment;

(2) Make and model number of all equipment (including a thermometer schedule). All equipment used for the preparation and storage of food shall be that approved by the NSF;

(3) Garbage can wash pad on exterior with hot and cold running water;

(4) Grease interceptor;

(5) Floor drains;

(6) Separate hand washing sinks;

(7) Toilet and locker facilities for kitchen staff/volunteers;

(8) Exhaust hood and duct system to the outside;

(9) Hood extinguishing system.

d. Plan submission for domestic kitchens (meals prepared for 15 or fewer persons) shall include:

- (1) Location and identification of all equipment;
 - (2) An approved three-compartment sink in addition to a hand washing sink;
 - (3) An exhaust hood and fan of proper size installed over all cooking equipment and vented to the outside.
- e. Exhaust hoods shall have an approved hood extinguisher system.

SECTION 2200 - GENERAL CONSTRUCTION REQUIREMENTS

2201. Height and Area Limitations (II)

Construction shall not exceed the allowable heights and areas provided by the SBC.

2202. Fire-Resistive Rating (I)

The fire-resistive ratings for the various structural components shall comply with the SBC. Fire-resistive ratings of various materials and assemblies not specifically listed in the SBC can be found in publications of recognized testing agencies such as Underwriters Laboratories - Building Materials List and Underwriters Laboratories - Fire Resistance Directory.

2203. Vertical Openings (I)

All vertical openings shall be protected in accordance with applicable sections of the SBC, State Fire Marshal Regulations, and NFPA 101.

2204. Wall and Partition Openings (I)

All wall and partition openings shall be protected in accordance with applicable sections of the SBC and NFPA 101.

2205. Ceiling Openings (I)

Openings into attic areas or other concealed spaces shall be protected by material consistent with the fire rating of the assembly they penetrated.

2206. Firewalls (I)

A. A building is defined by the outside walls and any interior four-hour firewalls and shall not exceed the height and area limitations set forth in the SBC for the type of construction.

B. An addition shall be separated from an existing building by a two-hour, fire-rated wall unless the addition is of equal fire-resistive rating.

C. When an addition is to be constructed of a different type of construction from the

existing building, the type of construction and resulting maximum area and height limitations allowed by the SBC shall be determined by the lesser of the types of construction of the building.

D. If the addition is separated by a four-hour firewall, the addition is considered as a separate building, and the type of construction of the addition shall determine the maximum area and height limitations.

2207. Floor Finishes (II)

A. Floor coverings and finishes shall meet the requirements of the SBC.

B. All floor coverings and finishes shall be appropriate for use in each area of the facility and free of hazards, e.g., slippery surfaces. Floor finishes shall be composed of materials that permit frequent cleaning, and, when appropriate, disinfection.

2208. Wall Finishes (I)

A. Wall finishes shall meet the requirements of the SBC.

B. Manufacturers' certifications or documentation of treatment for flame spread and other safety criteria shall be furnished and maintained.

2209. Curtains and Draperies (II)

In bathrooms and patient rooms, window treatments shall provide privacy.

SECTION 2300 - HAZARDOUS ELEMENTS OF CONSTRUCTION

2301. Furnaces and Boilers (I)

Furnaces and boilers shall be maintained in accordance with the applicable provisions of NFPA 31, 70, 85C, and 86.

2302. Dampers (I)

Smoke and fire dampers shall be installed on all heating, ventilating, and air conditioning systems as required by NFPA 90A and the SBC.

SECTION 2400 - FIRE PROTECTION EQUIPMENT AND SYSTEMS

2401. Firefighting Equipment (I)

A. Fire extinguishers shall be sized, located, installed, and maintained in accordance with NFPA No. 10, except that portable fire extinguishers intended for use in patient sleeping areas shall be of the 2-A, 2-1/2 gallon, stored-pressure water type.

B. At least one 4-A: 20-BC-type fire extinguisher shall be installed in the following hazardous areas:

1. Laundry;
2. Furnace room;
3. Any other area having a high-risk fire hazard.

C. At least one 2-A:10-BC-type fire extinguisher shall be located within 25 feet of exits and no more than 75 feet travel distance.

D. The kitchen shall be equipped with a minimum of one K-type and one 20-BC-type fire extinguisher.

2402. Automatic Sprinkler System (I)

A. Facilities licensed under these standards shall be provided throughout with an automatic sprinkler system in accordance with NFPA 13, "Standard for the Installation of Sprinkler Systems."

B. All sprinkler systems, wet and dry, shall have remote inspection/test ports.

2403. Fire Alarms (I)

A. An automatic/manual fire alarm system shall be provided in accordance with provisions of National Fire Alarm Code (NFPA 72), the SBC, and the State Fire Marshal Regulations.

B. The system shall be arranged to transmit an alarm automatically to the fire department by an approved method.

C. The alarm system shall notify by audible and visual alarm all areas and floors of the building.

D. The alarm system shall cause the central re-circulating ventilation fans that serve the area(s) of alarm origination to cease operation and to shut the associated smoke dampers.

E. The fire alarm pull-station shall be placed in an area in accordance with NFPA 72. A pull-station shall be placed at or near the work station.

F. All fire, smoke, heat, sprinkler-flow, fire-sensing detectors, manual pull-stations, hold-open devices on fire-rated doors, alarming devices or other fire-related systems shall be connected to and monitored by the main fire alarm system and activate the general alarm when any of these devices are activated.

G. The fire alarm system shall have the main fire alarm located at a readily accessible location. An audible/visual trouble indicator shall be located where it can be observed by staff members/volunteers.

H. The fire alarm system shall be tested initially by an individual licensed to install fire alarms and at least annually thereafter.

I. When a fire alarm system is required and smoke detectors are placed in patient sleeping rooms, there shall be an indicator light in the hall outside the door of the room to indicate when that smoke detector is activated.

J. All smoke detectors shall be electrically interconnected to the fire alarm system as well as to the hold-open devices on smoke doors and fire doors within a fire zone.

K. Where smoke detectors are required in all sleeping rooms, the detectors will be powered by the fire alarm system, connected to the fire alarm system and have an indicator light in the hall above the room door indicating when the detector is in alarm.

2404. Smoke Detectors (I)

Smoke detectors shall be installed in accordance with NFPA 72, State Fire Marshal Regulations, and the SBC.

2405. Flammable Liquids (I)

A. The storage and handling of flammable liquids shall be in accordance with NFPA 30 and 99.

B. Flammable liquids such as gasoline, oil, paints, solvents, etc. shall be stored in an outside building or in a one hour fire separated room opening to the outside. Mechanical or gravity ventilation for the room shall be taken from, and exhausted to, the outside.

2406. Gases (I)

A. Gases, *i.e.*, flammable and nonflammable, shall be handled and stored in accordance with the provisions of NFPA 99 and 101.

B. Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place.

2407. Furnishings/Equipment (I)

A. The physical plant shall be maintained free of fire hazards or impediments to fire prevention.

B. No portable electric or unvented fuel heaters shall be permitted in the hospice facility.

C. Fireplaces and fossil-fuel stoves, *e.g.*, wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. Unvented gas logs are not allowed. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

D. Wastebaskets, window dressings, portable partitions, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant in accordance with NFPA 701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films.

EXCEPTION: Window blinds require no flame treatments or documentation thereof.

SECTION 2500 - EXITS

2501. Number and Locations of Exits (I)

A. Exits, corridors, doors, stairs, ramp, and smoke partitions shall be provided, installed, and maintained in accordance with the provisions of NFPA 101 and the SBC.

B. Rooms and/or suites greater than 1000 square feet shall have at least two exit doors remote from each other.

C. If exit doors and cross-corridor doors are locked, the requirements for Special Locking Arrangements in the SBC shall be met.

D. Halls, corridors and all other means of egress from the building shall be maintained free of obstructions.

SECTION 2600 - WATER SUPPLY/HYGIENE

2601. Design and Construction (II)

A. A water distribution system, provided by a public or private source, shall be approved by the Department's Bureau of Water before the hospice facility can be constructed and/or placed into operation. (I)

B. Before the construction, expansion, or modification of a water distribution system, application shall be made to the Department for a Permit for Construction. The application shall include such engineering, chemical, physical, or bacteriological data as may be required by the Department and shall be accompanied by engineering plans, drawings, and specifications prepared by an engineer registered in S.C. and shall include his or her signature and official seal.

C. In general, the design and construction of such systems shall be in accordance with standard engineering practices for such installations. The Department shall establish such rules, regulations, and/or procedures as may be necessary to protect the health of the public and to insure proper operation and functioning of the system. The hospice facility's water system shall be in compliance with R.61-58 and other local, state, and federal laws and regulations.

D. Patient and staff hand washing lavatories and patient showers/tubs shall be supplied with hot and cold water at all times.

E. Storage tanks shall be fabricated of corrosion-resistant metal or lined with noncorrosive material.

2602. Disinfection of Water Lines (I)

A. After construction, expansion, or modification, a water distribution system shall be disinfected in accordance with R.61-58.

B. Samples shall be taken from the water system and forwarded to an approved laboratory for bacteriological analysis in accordance with R.61-58. The water shall not be used as a potable supply until certified as satisfactory.

2603. Temperature Control (I)

A. Plumbing fixtures that require hot water and which are accessible to patients shall be supplied with water that is thermostatically controlled to a temperature of at least 100 degrees F. and not to exceed 120 degrees F. at the fixture.

B. The water heater or combination of heaters shall be sized to provide at least six gallons per hour per bed at the above temperature range. (II)

C. Hot water supplied to the kitchen equipment/utensil washing sink shall be supplied at 120 degrees F. provided all kitchen equipment/utensils are chemically sanitized. For those hospice facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment/utensil washing sink shall be capable of maintaining the water at a temperature of at least 180 degrees F.

D. Hot water provided for washing linen shall not be less than 160 degrees F. Should chlorine additives or other chemicals which contribute to the margin of safety in disinfecting linen be a part of the washing cycle, the minimum hot water temperature shall not be less than 110 degrees F., provided hot air drying is used. (II)

2604. Stop Valves

Each plumbing fixture shall have stop valves to permit repairs without disrupting service to other fixtures. Each group of fixtures on a floor, each branch main, and each supply line shall be valved.

2605. Cross-connections (I)

There shall be no cross-connections in plumbing between safe and potentially unsafe water supplies. Water shall be delivered at least two delivery pipe diameters above the rim or points of overflow to each fixture, equipment, or service unless protected against back-siphonage by approved vacuum breakers or other approved back-flow preventers. A faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other approved back-flow preventer.

2606. Design and Construction of Wastewater Systems (I)

A. A wastewater system, provided by a public or private source, shall be approved by the Department's Bureau of Water before the hospice facility can be constructed and/or begins operation.

B. Plans, specifications, reports and studies, for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in S.C. and shall carry his or her signature and official seal.

C. The design and construction of wastewater systems shall be in accordance with standard engineering practice and R.61-67.

D. The wastewater system for commercial kitchens shall be in accordance with R.61-25.

E. Liquid waste shall be disposed of in a wastewater system approved by the local authority, *e.g.*, sewage treatment facility.

SECTION 2700 - ELECTRICAL

2701. General (I)

A. Electrical installations shall be in accordance with the NFPA 70 and 99.

B. Electrical installations shall be in accordance with the National Electrical Code and shall be tested to show that the equipment is installed and operates as planned or specified.

C. Wiring shall be inspected at least bi-annually by a licensed electrician, registered engineer, or certified building inspector.

D. All materials shall be listed as complying with available standards of Underwriters Laboratories, Inc. or other similarly established standards.

E. New systems shall be tested to indicate that the equipment is installed and operates as planned or specified.

2702. Panelboards (II)

Panelboards shall be in accordance with NFPA 70. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits served. This requirement does not apply to life safety system circuits. The directory shall be labeled to conform to the actual room designations. Clear access to the panel shall be maintained, as per NFPA 70. The panelboard directory shall be labeled to conform to the actual room numbers or designations.

2703. Lighting

A. Spaces occupied by persons, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)

B. Adequate artificial light shall be provided to include sufficient illumination for reading, observation, and activities. There shall be a minimum of 35 foot-candles in areas used for reading, study, or close work. Lighting in work areas shall not be less than 30 foot-candles.

C. Patient rooms shall have general lighting that provides a minimum of 20 foot-candles in all parts of the room and shall have at least one light fixture for night lighting. A reading light shall be provided for each patient. The switches to the general and night lighting shall be located at the strike side of the entrance door in each patient room and shall be of the quiet operating type.

D. All food preparation areas, equipment and utensil washing areas, hand washing areas, toilet areas for kitchen staff/volunteers, walk-in refrigeration units, dry food storage areas, and dining areas during cleaning operation shall be lighted in accordance with R.61-25.

E. Hallways, stairs, and other means of egress shall be lighted at all times in accordance with NFPA 101, *i.e.*, at a minimum, an average of one foot-candle at floor level.
(I)

2704. Receptacles (II)

A. Each patient room shall have duplex grounding type receptacles located per NFPA 70, to include one at the head of each bed.

B. Each patient bed location shall have a minimum of four single or two duplex receptacles.

C. Each patient bed location shall be supplied by at least two branch circuits.

D. Duplex receptacles for general use shall be installed approximately 50 feet apart in all corridors and within 25 feet of the ends of corridors.

2705. Ground Fault Protection (I)

A. Ground fault circuit-interrupter protection shall be provided for all outside receptacles and bathrooms in accordance with the provisions of NFPA 70.

B. Ground fault circuit-interrupter protection shall be provided for any receptacles within six feet of a sink or any other wet location. If the sink is an integral part of the metal splashboard grounded by the sink, the entire metal area is considered part of the wet location.

2706. Exit Signs (I)

A. In hospice facilities licensed for six or more beds, required exits and ways to access thereto shall be identified by electrically-illuminated exit signs bearing the words "Exit" in red letters, six inches in height, on a white background.

B. Changes in egress direction shall be marked with exit signs with directional arrows.

C. Exit signs in corridors shall be provided to indicate two directions of exit.

2707. Emergency Electric Service (I)

A. Emergency electrical service shall be provided to the distribution system as follows:

1. Illumination for means of egress and work stations;
2. Illumination for exit signs and exit directional signs;
3. In patient care areas (duplex receptacles in corridors or in patients' rooms);
4. Signal system;
5. Equipment necessary for maintaining telephone service;
6. Elevator service that will reach every patient floor when rooms are located on those other than the ground floor. Throw-over facilities shall be provided to allow temporary operation of any elevator for release of persons that may be trapped between floors, if applicable;
7. Fire pump, if applicable;
8. Equipment for heating patient rooms and maintaining a minimum temperature of 72 degrees F;
9. Public Restrooms;
10. Essential mechanical rooms;
11. General illumination and a receptacle in the vicinity of the generator set, if applicable;
12. Alarm systems, including fire alarm systems, water flow alarm devices, and alarms required for medical gas systems.

B. The emergency power shall be in operation within 10 seconds after interruption of the normal electric power supply.

C. Receptacles and switches connected to emergency power shall be distinctively marked.

D. On site fuel storage shall have capacity to sustain generator operation for at least 24 hours.

E. Emergency generators shall be operated weekly for at least 30 minutes and shall be operated at least monthly under load for at least 30 minutes.

F. Logs shall be maintained of the emergency generator tests.

SECTION 2800 - HEATING, VENTILATION, AND AIR CONDITIONING

2801. General (II)

A. Heating, ventilation, and air conditioning (HVAC) systems shall comply with NFPA 90A and all other applicable codes.

B. The HVAC system shall be inspected at least once a year by a certified/licensed technician.

C. The hospice facility shall maintain a temperature of between 72 and 78 degrees F. in patient areas.

D. No HVAC supply or return grill shall be installed within three feet of a smoke detector. (I)

E. HVAC grills shall not be installed in floors.

F. Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. Minimum filter efficiency is 20%. The system shall not discharge in a manner that would be an irritant to the patients/staff/volunteers.

G. All kitchen areas shall be adequately ventilated in order for all areas to be kept free from excessive heat, steam, condensation, vapors, smoke, and fumes.

H. Each bath/restroom shall be mechanical ventilation with a minimum of 10 air changes per hour.

I. The soiled linen storage room shall be ventilated with mechanical exhaust directly outside the building.

J. Laundry rooms shall be ventilated to prevent transmission of noise, heat, steam, and odors to patient areas. Clean and soiled linen/clothing shall be separated with necessary walls and/or ventilation to prevent cross-contamination.

K. Corridors shall not be used to supply air to or exhaust air from any room.

EXCEPTION: Air from corridors may be used to supply ventilation air via undercut doors for toilet rooms, janitors' closets, and small electrical or telephone closets opening directly onto corridors.

SECTION 2900 - PHYSICAL PLANT

2901. Facility Accommodations (II)

The facility shall provide an attractive, homelike, and comfortable environment. There shall be homelike characteristics throughout the facility such as, but not limited to, pictures,

books, magazines, clocks, plants, current calendars, stereos, television, and appropriate holiday or seasonal decorations.

2902. Common Areas

There shall be a minimum of 30 square feet per bed of living, recreational, and dining area combined, excluding bedrooms, halls, kitchens, bathrooms, and rooms not available to the patients.

A. All required care/treatment/services furnished at the facility shall be provided in a manner which does not require patients to ambulate from one site to another outside the building(s), nor which impedes patients from ambulating from one site to another due to the presence of physical barriers.

B. Methods for ensuring visual and auditory privacy between patient and staff/volunteers/visitors shall be provided as necessary.

C. Physical space for private patient/family/responsible party visiting shall be provided;

D. Accommodations for family privacy after a patient's death shall be provided;

2903. Patient Rooms

A. With the exception of furniture (unless otherwise allowed by facility policy), a patient shall have the choice to bring familiar items from home as part of the furnishing to his or her room, *e.g.*, wall pictures, paintings, vases, etc. Each patient room shall be equipped with the following as a minimum for each patient:

1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, bedspread, pillow, and pillowcases; roll-away type beds, cots, bunkbeds, and folding beds shall not be used. It is permissible to utilize a recliner in lieu of a bed or remove a patient bed and place the mattress on a platform or pallet provided the physician or other authorized healthcare provider has approved it and the decision is documented in the POC.
(II)

EXCEPTION: In the case of a married couple sharing the same room, a double bed is permitted if requested. For all other requirements, this shall be considered a bedroom with two beds. A roll-away type bed or cot may be temporarily used for family/responsible party staying overnight with the patient.

2. A closet or wardrobe, a bureau consisting of at least three drawers, and a compartmentalized bedside table/nightstand to adequately accommodate each patient's personal clothing, belongings, and toilet articles shall be provided. Built-in storage is permitted.

EXCEPTION: In existing facilities, if square footage is limited, patients may share these storage areas; however, specific spaces within these storage areas shall be provided particular to each patient.

3. A comfortable chair shall be available for each patient occupying the room. In facilities licensed prior to the promulgation of this regulation, if the available square footage of the patient room will not accommodate a chair for each patient or if the provision of multiple chairs impedes patient ability to freely and safely move about within their room, at least one chair shall be provided and provisions made to have additional chairs available for temporary use in the patient's room by visitors.

B. If hospital-type beds are used, there shall be at least two lockable casters on each bed, located either diagonally or on the same side of the bed.

C. Beds shall not be placed in corridors, solaria, or other locations not designated as patient room areas. (I)

D. No patient room shall contain more than two licensed beds. (II)

E. No patient room shall be located in a basement.

F. Access to a patient room shall not be by way of another patient room, toilet, bathroom, or kitchen.

EXCEPTION: Access to a patient room through the kitchen is permissible in facilities licensed for five beds or less.

G. Equipment such as bedpans, urinals, and hot water bottles, necessary to meet patient needs, shall be provided. Permanent positioning of a portable commode at bedside shall only be permitted if the room is private, the commode is maintained in a sanitary condition, and the room is of sufficient size to accommodate the commode. (II)

H. Side rails may be utilized when required for safety and when ordered by a physician or other authorized healthcare provider. When there are special concerns, *e.g.*, patients with Alzheimer's disease and/or related dementia, side rail usage shall be monitored by staff members as per facility policies and procedures. (I)

I. In semi-private rooms, when personal care is being provided, arrangements shall be made to ensure privacy, *e.g.*, portable partitions or cubicle curtains when needed or requested by a patient.

J. At least one private room shall be available in the facility in order to provide assistance in addressing patient compatibility issues, patient preferences, and accommodations for patients with communicable disease.

K. Infants and small children shall not be assigned to a room with an adult patient unless requested by patients and families.

2904. Patient Room Floor Area

A. Each patient room shall be an outside room with an outside window or door for exit in case of emergency. This window or door shall not open onto a common area screened porch. (I)

B. The patient room floor area is a usable or net area and does not include wardrobes (built-in or freestanding), closets, or the entry alcove to the room. The following is the minimum floor space allowed: (II)

1. Rooms for only one patient: 100 square feet for the licensed bed (there shall be compliance with the minimum square footage requirements of Section 2904.B.2 in instances when family members/responsible party routinely utilize a separate bed for overnight stays with the patient);

2. Rooms for more than one patient: 80 square feet per licensed bed.

C. There shall be at least three feet between beds. (II)

2905. Visitor Accommodations

A. The hospice facility shall provide accommodations for family members/responsible party to remain throughout the night. Nighttime arrangements for visitors may be accomplished with guest rooms, or with accommodations within the patient room provided space is adequate for such an arrangement.

B. Visitor designated/guest rooms shall not be utilized by patients, prospective patients, or staff members of the facility.

C. No supervisory care shall be given to visitors of the facility, *e.g.*, first aid response by staff, tray service, etc.

D. Visitors shall be made aware of those provisions/accommodations available so that they may serve themselves, *e.g.*, towels, sheets, soap, etc.

E. Any conduct of the visitors which may have an adverse affect on the patients/facility must be promptly/prudently handled, *e.g.*, patient/staff abuse.

F. Those visiting as well as the patients with whom they are visiting shall be made fully aware of the conditions under which their stay is acceptable.

G. Adequate space shall be provided for the privacy of the family and significant others at the time of the patient's death.

2906. Bathrooms/Restrooms (II)

A. In bath/restrooms, the restroom floor area shall not be less than 15 square feet.

B. Toilets shall be provided in ample number to serve the needs of staff members/volunteers. The minimum number for patients shall be one toilet for each four licensed beds or fraction thereof.

C. In each bath/restroom there shall be at least one lavatory for every two toilets. Liquid soap shall be provided in public restrooms and bathrooms used by more than one

patient. A sanitary individualized method of drying hands shall be available in each bathroom/restroom. Every patient room lavatory, as well as all other lavatories used for handwashing, shall be equipped with valves which can be operated without the use of hands, e.g., wrist-blades.

D. There shall be one bathtub or shower for each four licensed beds or fraction thereof.

E. All bathtubs, toilets, and showers used by patients shall have approved grab bars securely fastened in a usable fashion.

F. Privacy shall be provided at toilets, urinals, bathtubs, and showers.

G. Toilet facilities shall be conveniently located for kitchen employees. The doors of all toilet facilities located in the kitchen shall be self-closing.

H. Hospice facilities for handicapped persons shall be provided as per the SBC whether or not any of the patients are classified as handicapped.

I. All bathroom floors shall be entirely covered with an approved nonabsorbent covering. Walls shall be nonabsorbent, washable surfaces to the highest level of splash.

J. There shall be a mirror above each bathroom lavatory for patients' grooming.

K. An adequate supply of toilet tissue shall be maintained for each toilet.

L. Easily cleanable receptacles shall be provided for waste materials. Such receptacles in toilet rooms for women shall be covered.

2907. Work Stations

A. Work stations shall be provided for use by nursing and/or other direct care staff. Work stations shall be designed and constructed (or set up) in a manner conducive to the type of care provided by the facility or that specific area of the facility and the types of patients served.

B. At or near each work station, there shall be a telephone, an area for maintaining patient records and making entries, and toilet and handwashing facilities.

C. At or near each work station, provisions shall be made for:

1. Locked storage of medications, which may be accomplished by the use of a separately locked medication cart, container, cabinet, or room, provided:

a. The method or methods used are of sufficient size to allow for neat, clean, and orderly storage of medications;

b. Separations are provided for the storage of each patient's medications;

c. Separations are provided for oral and topical medications.

2. Work space/area for the preparation of medications, which may be a counter, table top, or a separate room, to include being a part of a separate medication room.

D. A work station may not serve more than 40 beds.

E. A patient room shall not be located more than 150 feet from the work station that serves that room.

F. At or near each work station, there shall be utility areas or rooms for separate storage of clean and soiled supplies and equipment. Each utility area shall contain a hand washing sink, work counter, waste receptacle, and space for the storage of supplies.

2908. Signal System (II)

A signal system shall be provided in the facility to call for a staff member. It shall consist of:

A. A call button for each bed, bath, and toilet room which must be reachable;

B. A primary call system, which may be either a light, beeper system, or other system by which the staff member responds to a patient's call;

C. A secondary electronic back-up call system to be used in case of primary call system failure which shall respond to a patient's call by location;

2909. Doors (II)

A. All patient rooms and bath/restrooms shall have opaque doors for the purpose of privacy.

B. All glass doors, including sliding or patio type doors shall have a contrasting or other indicator that causes the glass to be observable, e.g., a decal located at eye level.

C. Doorways from exit-access passageways to the outside of the hospice facility shall be at least 80 inches in height.

D. Door widths on exit doors shall be at least 44 inches.

E. Bath/restroom door widths shall be at least 36 inches wide.

F. Doors to patient rooms shall be at least 44 inches wide.

G. Doors that have locks shall be unlockable and openable with one action.

H. If patient room doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room (See Section 2501.C).

I. All patient room doors shall be solid-core. Except for facilities with five beds or less,

each patient room is considered a tenant space and shall be enclosed by one-hour fire-resistive construction with a 20-minute fire-rated door, opening onto an exit access corridor.
(I)

J. Soiled linen storage rooms over 100 square feet shall have a "C" labeled 3/4-hour door unless linen storage is in a separate building.

K. Exit doors required from each floor shall swing in the direction of exit travel. Doors, except those to spaces such as small closets, which are not subject to occupancy, shall not swing into corridors in a manner that obstructs corridor traffic flow or reduces the corridor width to less than one-half the required width during the opening process.

EXCEPTION: Not applicable to hospice facilities with five or less beds that are not built to institutional standards.

2910. Elevators (II)

A. Buildings having patients' facilities such as bedrooms, dining rooms, recreation areas, etc. located on other than the main floor shall have electric or electro-hydraulic elevators.

B. At least one hospital-type elevator shall be installed where patient beds are located on any floor other than the main entrance floor.

C. At least one elevator shall access all patient floors.

D. Cabs of at least one of the elevators shall have inside dimensions that will accommodate a patient bed and attendants and shall be at least 5 feet wide by 7 feet 6 inches deep. The cab door shall have a clear opening of not less than 3 feet 8 inches.

E. Elevators, if utilized, shall be installed and maintained in accordance with the provisions of the SBC, ANSI17.1 Safety Code for Elevators and Escalators, and NFPA 101, if applicable.

F. Elevators shall be inspected and tested upon installation, prior to first use, and annually thereafter by a certified elevator inspector.

2911. Corridors (II)

A. Minimum corridor width requirements shall be 96 inches.

B. Corridors and passageways in all hospice facilities shall be in accordance with the SBC.

2912. Ramps (II)

A. At least one exterior ramp, accessible by all patients, staff members/volunteers, and visitors shall be installed from the first floor to grade.

- B. The ramp shall serve all portions of the hospice facility where patients are located.
- C. The surface of a ramp shall be of nonskid materials.
- D. Ramps shall be constructed in a manner in compliance with ANSI 117.1, *i.e.*, for every inch of height, the ramp shall be at least one foot long.
- E. Ramps in hospice facilities with 11 or more licensed beds shall be of noncombustible construction. (I)
- F. Ramps shall discharge onto a surface that is firm and negotiable by persons who are physically challenged in all weather conditions and to a location accessible for loading into a vehicle.

2913. Landings (II)

Exit doorways shall not open immediately upon a flight of stairs. A landing shall be provided that is at least the width of the door and is the same elevation as the finished floor at the exit. (II)

2914. Handrails/Guardrails (II)

A. Handrails shall be provided on at least one side of each corridor/hallway and on all stairways, ramps, and porches with two or more steps. Ends of all installed handrails shall return to the wall.

B. All porches, walkways, and recreational areas (such as decks, etc.) that are elevated 30 inches or more above grade shall have guardrails 42 inches high. Open guardrails shall have intermediate rails through which a six-inch diameter sphere cannot pass.

2915. Screens (II)

Windows, doors and openings intended for ventilation shall be provided with insect screens.

2916. Windows/Mirrors

A. The window dimensions and maximum height from floor to sill shall be in accordance with the SBC and the Life Safety Code, as applicable.

B. Where clear glass is used in windows, with any portion of the glass being less than 18 inches from the floor, the glass shall be of "safety" grade, or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent an individual from injuring him/herself by accidentally stepping into or kicking the glass. (II)

C. Windows shall be operable at all times.

D. Where patient safety awareness is impaired, safety (nonbreakable) mirrors shall be

used.

2917. Janitor's Closet

There shall be at least one lockable janitor's closet per 40 licensed beds. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment. The floor area of the closet shall be at least 20 square feet.

2918. Storage Areas

A. Adequate general storage areas shall be provided for patient and staff/volunteer belongings, equipment, and supplies as well as clean linen, soiled linen, wheel chairs, and general supplies and equipment.

B. Areas used for storage of combustible materials and storage areas exceeding 100 square feet in area shall be provided with an NFPA-approved automatic sprinkler system. (I)

C. In storage areas provided with a sprinkler system, a minimum vertical distance of 18 inches shall be maintained between the top of stored items and the sprinkler heads. The tops of storage cabinets and shelves attached to or built into the perimeter walls may be closer than 18 inches below the sprinkler heads. In nonsprinklered storage areas, there shall be at least 24 inches of space from the ceiling. (I)

D. All ceilings, floor assemblies, and walls enclosing storage areas of 100 square feet or greater shall be composed of not less than one-hour fire-resistive construction with 3/4-hour labeled fire-rated door(s) and closer(s). (I)

E. Storage buildings on the premises shall meet the SBC requirement regarding distance from the licensed building. Storage in buildings other than on the hospice facility premises shall be secure and accessible. An appropriate controlled environment shall be provided if necessary for storage of items requiring such an environment.

F. In mechanical rooms used for storage, the stored items shall be located away from mechanical equipment and shall not be a type of storage that might create a fire or other hazard. (I)

G. Supplies/equipment shall not be stored directly on the floor. Supplies/equipment susceptible to water damage/contamination shall not be stored under sinks or in other areas with a propensity for water leakage. (II)

H. In hospice facilities, there shall be a soiled linen storage room which shall be designed, enclosed, and used solely for that purpose, and provided with mechanical exhaust directly to the outside.

I. A soiled linen storage room shall be provided and if over 100 square feet in size shall be of one hour fire-resistive construction unless storage is in a separate building.

2919. Telephone Service

A. At least one telephone shall be available on each floor of the hospice facility for use by patients and/or visitors for their private, discretionary use; pay phones for this purpose are acceptable. Telephones capable of only local calls are acceptable for this purpose, provided other arrangements exist to provide patient/visitor discretionary access to a telephone capable of long-distance service.

B. At least one telephone shall be provided on each floor for staff members/volunteers to conduct routine business of the hospice facility and to summon assistance in the event of an emergency; pay station phones are not acceptable for this purpose.

2920. Location

A. Transportation. The hospice facility shall be served by roads that are passable at all times and are adequate for the volume of expected traffic.

B. Parking. The hospice facility shall have a parking area to reasonably satisfy the needs of patients, staff members/volunteers, and visitors.

C. Access to firefighting equipment. Hospice facilities shall maintain adequate access to and around the building(s) for firefighting equipment. (I)

2921. Outdoor Area

A. Outdoor areas where unsafe, unprotected physical hazards exist shall be enclosed by a fence or a natural barrier of a size, shape, and density that effectively impedes travel to the hazardous area. Such areas include, but are not limited to steep grades, cliffs, open pits, high voltage electrical equipment, high speed or heavily traveled roads, and/or roads exceeding two lanes, excluding turn lanes, ponds and swimming pools. (I)

B. Where required, fenced areas that are part of a fire exit from the building shall have a gate in the fence that unlocks in case of emergency per Special Locking Arrangements in the SBC. (I)

C. Mechanical or equipment rooms that open to the outside of the hospice facility shall be kept protected from unauthorized individuals. (II)

SECTION 3000 - SEVERABILITY

3001. General

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect, as if such invalid portions were not originally a part of these regulations.

SECTION 3100 - GENERAL

3101. General

Conditions which have not been addressed in the standards shall be managed in accordance with the best practices as interpreted by the Department.

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